## F08000003019

(Re	equestor's Name)	10 - T 1 - T
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





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02/13/14--01022--016 \*\*215.00

14 FEB 13 PN 1: 44
SECRETARY OF STATE

FFR 17 2014 C. CARROTHERS

## TRANSMITTAL LETTER

Division of Corporations		
SUBJECT: FTEN, INC.	7N	
DOCUMENT NUMBER: F0800	(Name of Corpoi 00003019	ration)
The enclosed Officer/Director Resi		n and fee are submitted for filing
		_
Please return all correspondence co	oncerning this matter to the	ne following:
TED MYERSON		
(Name of Per	rson)	•
(Name of Firm/C	ompany)	-
PO BOX 4668 #96	049	
(Address)	)	-
NEW YORK, NY 1	0163-4668	
(City/State and Z		-
For further information concerning	this matter, please call:	
TED MYERSON	<sub>at (</sub> 212	882-1370 e & Daytime Telephone Number)
(Name of Person)	(Area Cod	e & Daytime Telephone Number)
Enclosed is a check for \$35.00 made	de payable to the Florida	Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporatio 2661 Executive Center Tallahassee, FL 32301	

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, GARY LAFEVER	, hereby resign as
	(Title)
of FTEN, INC.	
(Name of C	Corporation)
F08000003019 (Document Number, if known)	a corporation organized under the laws of the State of
FLORIDA	
1	
	Mercal

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to: FOR Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee Plorida 2007

Enclosed are seven (7) change request forms. Three (3) are for LLC's and four (4) are for corporations. Also enclosed is a check in the amount of \$215 to cover the processing fees for these seven forms.

Thank you in advance!