

G32986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

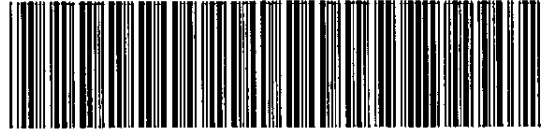
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: STRELKOW ASSOCIATES, INC.
(Name of Corporation)

DOCUMENT NUMBER: _____

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PETER STRELKOW
(Name of Person)

STRELKOW ASSOCIATES, INC.
(Name of Firm/Company)

4474 WESTON RD. SUITE 144
(Address)

DAVIE, FL 33331
(City/State and Zip Code)

For further information concerning this matter, please call:

PETER STRELKOW at (954) 434-9100
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

*** Mailing Address:**
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2005 DEC -5 AM 11:28

I, DEBORAH STRELKOW, hereby resign as PRESIDENT
(Title)

of STRELKOW ASSOCIATES, INC.
(Name of Corporation)

G32986 a corporation organized under the laws of the State of
(Document Number, if known)

FI


(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314