

| (Re | equestor's Name) | | | |
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| (Address) | | | | |
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SECRETARY OF STATE
TALL AHASSEF, FLORID

COVER LETTER

| Division of Corporati | ons |
|------------------------------|--|
| SUBJECT: CERTIFIED C | OMMUNICATIONS, INC. |
| | (Name of Corporation) |
| DOCUMENT NUMBER:_ | G88559 |
| The enclosed Officer/Directo | r Resignation for a Corporation and fee are submitted for fili |

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

Please return all correspondence concerning this matter to the following:

| Van Orcutt | | |
|--------------------------------|--|--|
| (Name of Person) | | |
| Certified Communications, Inc. | | |
| (Name of Firm/Company) | | |
| 5205 Coconut Creek | | |
| . (Address) | | |
| Margate, FL 33063 | | |
| (City/State and Zip Code) | | |

For further information concerning this matter, please call:

Van Orcutt at (954) 461-1657
(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

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| William A. Manwell, Sr. | , hereby resign as President | | |
|------------------------------------|--|---|--|
| ** | , noted y resign us | (Title) | |
| of Certified Communications, Inc. | | | |
| | f Corporation) | , | |
| G88559 (Document Number, if known) | , a corporation organized under t | he laws of the State of | |
| Florida | | | |
| | MAWWgnature of resigning officer/director) | 06 JUL -6 PM 2: 0 SECRETARY OF STATTALLAHASSEE, FLORI | |

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