

H00307

CHARLES H. BALL, P.A.

ATTORNEY AT LAW

1444 FIRST STREET

SARASOTA, FLORIDA 34236

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

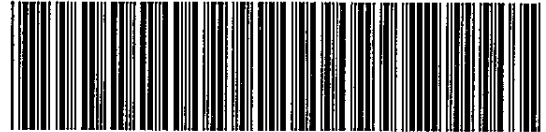
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800062142928

*Off Resign
T. Lewis*

12/19/05 -- 01011 -- 003 **35.00

FILED
05 DEC 19 AM 10 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05-06 87.50

RESIGNATION BY OFFICERS OR DIRECTORS

Effective Date of Resignation | SARASOTA, County and State OF
FLORIDA
NOVEMBER 22, 2005

RESIGNOR (Officer or Director Resigning -- | CORPORATION (Name,
Address and Zip Code)
Name, Address and Zip Code)
JOHN C. KIWCZAK | TROTTER PLASTICS, INC
Address: _____

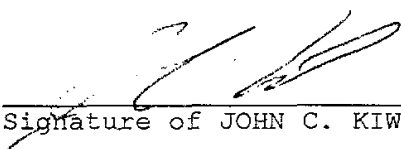
(Hereinafter Resignor)

Positions Held with Corporation for Which Resignation Is Effective:

JOHN C. KIWCZAK, as President & Director

as _____

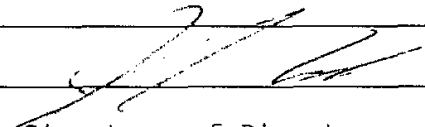
I, the Resignor, hereby tender my resignation to the above-named positions I currently hold with the Corporation. My request that my resignation be effective as of the effective date above.


Signature of JOHN C. KIWCZAK

Signature of

We, the Directors for this Corporation, hereby accept the resignation of Resignor to be effective as of the effective date above. We further, in accepting this resignation and having found no acts of misfeasance or nonfeasance on the part of the Resignor, agree to hold Resignor harmless for all acts of misfeasance or nonfeasance committed in the course of holding this position with the Corporation.

RESIGNATION BY OFFICER OR DIRECTOR


Signature of Directors

STATE OF FLORIDA | Date of this Acknowledgment
COUNTY OF SARASOTA NOVEMBER 23, 2005

Acknowledgment. On this date before me a Notary Public, personally appeared Known to be or satisfactorily proven to be the person whose name is subscribed to this instrument and acknowledged that he executed the same. If this persons name is subscribed in a representative capacity, it is for the principle named and in the capacity indicated.

Notary Expiration Date
Signature of Notary Public

