H73001

| (Requestor's Name) | | | | | | |
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| | | | | | | |
| (Address) | | | | | | |
| | | | | | | |
| (Address) | | | | | | |
| | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| | | | | | | |
| (Business Entity Name) | | | | | | |
| | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Certified Copies | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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O7 DEC 13 PHIZ: 41
SECRETARY OF STAIF

Officer Resign Cun Murphy 12/14/167

COVER LETTER

| SUBJECT: ARCHES D' CYPRESS, INC. | | | | | | |
|--|--|--|--|--|--|--|
| (Name of Corporation) | | | | | | |
| DOCUMENT NUMBER: H73001 | | | | | | |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. | | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | | |
| EMIL G. PRATESI | | | | | | |
| (Name of Person) | | | | | | |
| RICHARDS, GILKEY, FITE, SLAUGHTER, PRATESI & WARD, P.A. (Name of Firm/Company) | | | | | | |
| 1253 PARK STREET | | | | | | |
| (Address) | | | | | | |
| CLEARWATER FLORIDA 33756 | | | | | | |
| (City/State and Zip Code) | | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| MARY KARN at (727) 443-3281 (Name of Person) (Area Code & Daytime Telephone Number) | | | | | | |
| (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 Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, | EMIL G. PRATESI | , hereby resign as | Director (Ti | tle) | |
|----|--|-------------------------------------|---------------------|--------------------------------------|----|
| of | ARCHES D' CYPRESS, INC. | orporation) | | | _, |
| | H73001 , a (Document Number, if known) | corporation organized und | ler the laws of the | State of | |
| | FLORIDA | | | | |
| | - CSignal | ature of resigning officer/director | or) | | |
| | FIL | ING FEE IS \$35.00 | | O7 DEC 13 PP | 10 |
| | Make checks payable to F | Tlorida Department of St | ate and mail to: | PH 12: 4 1 Of STATE E. FLORIDA | Ö |

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