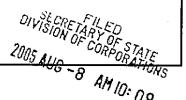
## J18679



(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	∍#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	···
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



600058326666

08/08/05--01007--017 \*\*35.00

Old resig.

Palio

## TRANSMITTAL LETTER

Amendment Section Division of Corporations

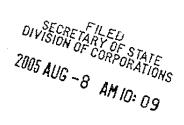
TO:

SUBJECT: COMMERCE PRINTING ASSOCIATES INC.	
DOCUMENT NUMBER: J18679	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.	••
Please return all correspondence concerning this matter to the following:	-
STVART MELTZER (Name of Person)	
(Name of Firm/Company)  (Name of Firm/Company)	
2032 NW 55 Th AVE (Address)	
MARGATE, FL 33063 (City/State and Zip Code)	-
For further information concerning this matter, please call:	
DEBORAH MEUTER at (954) 695-2236 (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
409 E. Gaines Street
Tallahassee, FL 32399

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I, _	DESORAH MELTZER, hereby resign as SECRETARY (Title)	_
of_	COMMERCE PRINTING ASSOCIATES, INC., (Name of Corporation)	
	(Document Number, if known), a corporation organized under the laws of the State of	
	KLORIDA.	

(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