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## **COVER LETTER**

TO: Amendment Section Division of Corporations

inancial Services Name of Corporation) SIAVAV SUBJECT: 809 ココ **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:

I odd Gilliam Guaranty Financial Services Znc. 7106 Vardley Way (Ampen Fi 33647 (City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (813) 977-5451 (Area Code & Daytime Telephone Number) lod d

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

CR2E044(08/05)

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**OFFICER / DIRECTOR RESIGNATION** 11 OCT -; FOR A CORPORATION TODDGILL S. I. hereby resign as (Title) MCFS, IN, 2ARA of (Name of Corporation) a corporation organized under the laws of the State of Document Number, if known) <u>-0218</u> 4, resigning officer/director) Signature of

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

5