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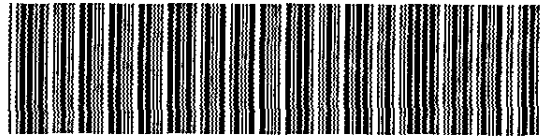
(Business Entity Name)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRANSgraphics II INC.
(Name of corporation)

DOCUMENT NUMBER: 574947

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MONICA Steinman - President
(Name of person)

Transgraphics II, INC.
(Name of firm/company)

5321 SW 87 Ave.
(Address)

Cooper City, FL 33328
(City/state and zip code)

For further information concerning this matter, please call:

MONICA Steinman at (954) 401-0136 or 954-434-0978
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

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

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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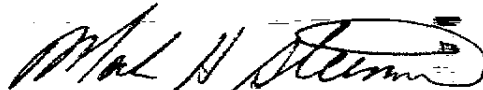
OFFICER / DIRECTOR RESIGNATION

I, MARK H. STEINMAN, hereby resign as President
(Title)

of TRANSGRAPHICS II, INC.
(Name of Corporation)

a corporation organized under the laws of the State of Florida

and affirm that the corporation has been notified in writing of the resignation.



(Signature of resigning officer/director)

TAX # 592812604

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314