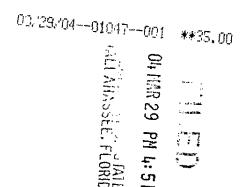
(Requestor's Name)					
(Address)					
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## TRANSMITTAL LETTER

то:	Amendment Section Division of Corporations	
SHRI	JECT:	Arestapest, Inc.
3000	TECT:	(Name of Corporation)
DOC	UMENT NUMBER:	
The e	nclosed Officer/Director Resig	nation for a Corporation and fee are submitted for filing.
Please	e return all correspondence con	cerning this matter to the following:
	Neil L. Wein	reb
	(Name of Perso	on)
	(Name of Firm/Cor	npany)
	P.O. Box 578	35
	(Address)	<del></del>
	Jacksonville, Florie	da 32247-5785
	(City/State and Zip	Code)
For fu	urther information concerning t	his matter, please call:
	Neil L. Weinreb	at ( 904 ) 349-7819
	(Name of Person)	at (904) 349-7819  (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made	payable to the Florida Department of State.
Amen Divisi P.O. E	ng Address: adment Section ion of Corporations Box 6327 assee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Neil L. Weinreb	, hereby resign as	President (Title)		
of		apest, Inc.		<sup>9</sup>	
	(Document Number, if known) Florida	a corporation organized under the	laws of the State of	<b>Q</b> 4	
			Allassee	04 MAR 29 F	The state of the s
	Mentan	mature of resigning officer/director)	, FLORID	PH 4:51	

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