## J92273

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

Office Use Only



200040785702

N9/N3/04--01046--001 \*\*105.00

O4 SEP -3 AM II: 4 SECRETARY OF STAT

C. Coulliste SEP 1 3 2004

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Meristay, Clac. (Name of Corporation)
DOCUMENT NUMBER: 59273
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ryan Moore (Name of Person)
Menistry Unc.  (Name of Firm/Company)
(Name of Firm/Company)
360 Central Auc - Suite 1475
St. Petersburg, PL 3370/ (City/State and Zip Code)
For further information concerning this matter, please call:
Syan Wooce at (727) 896-1500 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida 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

es y

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ten i Å

I,	Ryon Wood	l_	, he	reby resign	as	neml	'ell		
	U			•	•		(Title)		
of_	Aleustry	One	nomtion						,
	000	Name of Cor	poration)						
	J92273 (Document Number, if known)	, a c	orporation	n organized	under th	e laws of	the State	e of	
		•							
	Florida								
		) (Signatu	re of resign	ing officer/d	irector)	<del></del>	SECRETARY OF S TALLAHASSEE, FI	04 SEP -3 AM 11: 47	FILED
		FILIN	G FEE I	S \$35.00			737		1

Make checks payable to Florida Department of State and mail to:

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