K35742

(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:			

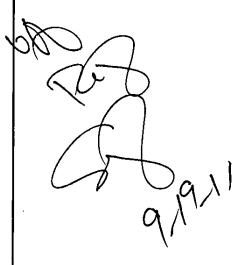




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MILAHASSEE FLORIE



COVER LETTER

SUBJECT: FloxIda Descent Dyuge, The .

(Name of Corporation)

DOCUMENT NUMBER: K35743

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

EVEYETE A. Deaver (Name of Person)

Acryda Descount Dyuge, Two (Name of Firm/Company)

3016 S. Poul Ave (Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

E. A. Deaver (Name of Person)

at (107) 808-1149 (Area Code & Daytime Telephone Number)

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

Street Address:

TO:

Amendment Section Division of Corporations

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, <u>Debovah Nichols</u> Deav	hereby resign as	Via President	
		(Title)	
of <u>Alordia Decourt</u>		,	
	•	on the lave of the State of	
(Document Number, if known)	corporation organized und	er the laws of the State of	
flovida.			
		Zu w	
111		FILL SEP 16 SECRETARY	16 1.
While	du	SEP 16 NETAR) HASSI	-
(Signa	ture of resigning officer/directo	. The limit is a second of the limit is a se	ľ
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		20 T	

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