

(Re	equestor's Name)	
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(Ad	ldress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phone	e #)
,		
☐ PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
		12.
Certified Copies	Certificates	
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Special Instructions to	Filing Officer:	





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OCT 1 8 2012 T. ROBERTS

## COVER LETTER

	Amendment Sec Division of Corp					
	ECT:	BAY	(Name	nosta of Corporatio	es, Luc	
DOCU	MENT NUMBI	CR:K	8139	8		
The end	closed Officer/Di	rector Resignatio	n for a Co	rporation an	d fee are submi	tted for filing
Please 1	return all corresp	ondence concern	ing this m	atter to the fo	ollowing:	
	Bay (Nam	Name of Person)  D(25000000000000000000000000000000000000	ices Ave	Luc		
For furt	ther information					
	Mathew (Name of	A. Brown Person)	at (	7 <b>27</b> )	<b>2 4 4 4 5 8</b> Daytime Teleph	30 one Number)

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

l,	THOMAS W Brown Sk; hereby resign as President (Title)	····
of	Bay Diagnosties Tucogorated (Name of Corporation)	,
	(Document Number, if known), a corporation organized under the laws of the State	of
	Florina.	
	(Signature of resigning officer/director)	OWISION OF CORPORATION 12 OCT 17 AM 11:3

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