LOGISON Name



Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

| 2. 3. | (Corporation Name) (Corporation Name) | (Document #) 3000040119734 -04/17/01-01016-001 *****35.00 |
|------------------------------------|---|---|
| 4. | (Corporation Name) Walk in Pick up time Mail out Will wait NEW FILINGS Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name | Certified Copy Certificate of Status AMENDMENTS Amendment Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/OUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other |
| | | Examiner's Initials |



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

OI APR 17 PM 3: 56 ALLAHASSEE, FLORIDA OFFICER / DIRECTOR RESIGNATION

| I, John Bonner, hereby resign as PRESIDENT DIRECTOR |
|--|
| of |
| 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) |

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