L96792

(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



000042740980

11/29/04--01010--013 **35.00

SECRETARY OF STATE

1/10 Resign. 12/07/04 DC

TRANSMITTAL LETTER

X-NIX TECHNIK, INC. (Name of Corporation) L96792 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: PATRICIA G. ALLEN (Name of Person) X-NIX TECHNIK, INC. (Name of Firm/Company) 7824 SUNFLOWER DR (Address) MARGATE, FL 33063 (City/State and Zip Code) For further information concerning this matter, please call: PATRICIA G. ALLEN (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Mailing Address: **Street Address:** Amendment Section
Division of Corporations
P.O. Box 6327 Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Amendment Section Division of Corporations

TO:

Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

PETER ALLEN	, hereby resign as PRESIDENT
**	(Title)
of X-NIX TECHNIK, INC.	
(Nan	ne of Corporation)
L96792 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	.
	P. □ = = = = = = = = = = = = = = = = = =
	(Signature of resigning officer/director)

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