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(Re	questor's Name)	<u> </u>		
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PICK-UP		MAIL		
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COVER LETTER

TO: Amendment Section Division of Corporations

ture 1)191 Y.a SUBJECT: Name of Corporation M41573 **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:

Avi Harpaz (Name of Person)

(Name of Firm/Company) 5551 Luckett Rd (Address) Myers -1 (City/State and Zip Code) 3905

For further information concerning this matter, please call:

<u>Avi</u> <u>HARPAZ</u> at (<u>239</u>) <u>333-3242</u> (Name of Person) (Area Code & Daytime Telephone 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

paz AVI , hereby resign as)Y I. ra of (Name of Corporation) 3 , a corporation organized under the laws of the State of (Document Number, if known)



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