(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



600039191016

07/19/04--01085--012 **122.50

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, DELWYN	HINDS	, hereby resign as_	Vick	PRESIX	PENT
of BRITA	NNM Cons	ST. INC.	- 		
(Document Number,	if known)	orporation organized un	der the laws o	of the State of	f
TE FLORID	<u> </u>	- vorterage			,
	(Signatur	e of resigning officer/direct	Q r)	JALLAHASSEE; FLORID	04 JUL 19 PM 4: 42

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