N0200002470

(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		
Special Instructions to Filing Officer:		





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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: MY BACKMARD INC (Name of Corporation)
DOCUMENT NUMBER: N 0 2 00000 2 4 7 0
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Santiago AROCA (Name of Person)
•
My Backyard INC
15650 Hracei Late Way North
Muniches Fl. 33014 (City/State and Zip Code)
For further information concerning this matter, please call:
CHAPMAN, CHFRY (at (305) (Name of Person) at (4 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

1. Sentiago F	To CA_, hereby resign as_	Officer / Pincot
of My Becty	Name of Corporation)	
•	, a corporation organized under	er the laws of the State of
Floring		
	S.A.	A IALI
	(Sign ature of resigning off ter/d irector	FILE JAN 23 AM ARIANY OF ARIANSSEE, F

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to: