## N03000002952

•	
	(Requestor's Name)
	(Address)
	(Address)
İ	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
Í	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:



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T BROWN OCT 1 4 2003

Affirer Resignation

Office Use Only

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Capita) City SMX (Name of Corporation)
DOCUMENT NUMBER: NO30000 2952
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Steve Sheritan (Name of Person)
(Name of Firm/Company)
2292 [USLavilla Rd (Address)
2292 [USLavilla Rd (Address) Tallahassee FC 37312 (City/State and Zip Code)
For further information concerning this matter, please call:
Steve Shen; dan at (850) 668.3770 or 570-4459  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Steven Shevidan, hereby resign as Truck Director IPres. (Title)
of Capital City Bry Inc. (Name of Corporation)
No 300000 2952 a corporation organized under the laws of the State of (Doctment Number, if known)
<u>Florida</u>
(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