

N6400000 5687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

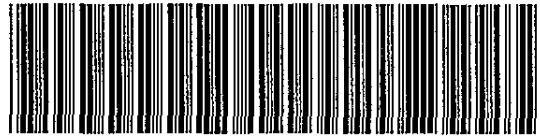
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900040365149

08/30/04--01063--012 \*\*35.00

FILED  
04 AUG 30 AM 9:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

not 159/704

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** EFFICACY, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** N04000005687

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William D. Bowes

(Name of Person)

(Name of Firm/Company)

P.O. Box 251532

(Address)

Holly Hill, FL 32125

(City/State and Zip Code)

For further information concerning this matter, please call:

William D. Bowes

(Name of Person)

at ( 386 ) 748-0646

(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  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, William D. Bowes, hereby resign as Secretary/Director  
(Title)

of EFFICACY, INC.,  
(Name of Corporation)

N04000005687, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida.

  
(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

FILED  
04 AUG 30 AM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA