N04000006768

(Requestor's Name)				
(Address)				
·				
(Address)				
<i>V</i> .=				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(But	siness Entity Nan	ne)		
•	•	•		
		· <u>-</u>		
(DO	cument Number)			
Certified Copies	_ Certificates	of Status		
	•			
Special Instructions to	Filing Officer			
Special mandenons of imig Officer.				
		1		
		1		
,		1		
L				

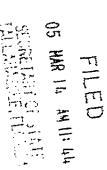
Office Use Only



800047936288

03/14/05--01027--024 **35.00

Off Resign:

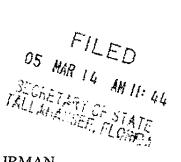


TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations					
SUB.	HECT: THANKS TO OUR TROOPS				
	(Name of Corporation)				
DOC	UMENT NUMBER: 20-1391267				
The e	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing				
Pleas	e return all correspondence concerning this matter to the following:				
	MAX LINN				
	(Name of Person)				
	(Name of Firm/Company)				
	6133 CENTRAL AVENUE				
	(Address)				
	ST. PETERSBURG, FL 33710				
	(City/State and Zip Code)				
For fi	urther information concerning this matter, please call:				
	MAX LINN at (727) 515-0022 (Name of Person) (Area Code & Daytime Telephone Number)				
	(Name of Person) at (121) 513-0022 (Area Code & Daytime Telephone Number)				
Enclo	osed is a check for \$35.00 made payable to the Florida Department of State.				
Amer Divis P.O.	ing Address: Independent Section Independent S				

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I,	MAX LINN	, hereby resign as	CHAIRMAN	
		· · · · · · · · · · · · · · · · · · ·	(Title)	
of	THANKS TO OUR TROOPS,	INC. of Corporation)		
		•		
NC	(Document Number, if known)	_, a corporation organized under	the laws of the State of	
	FLORIDA	en egeneration of the second	. .	
		may P-		
(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