N040000 9620

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only Code Zips Hono #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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ac. HS/MS--61047--018 **70,00

05 DEC -5 PM 4: 06

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OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

05 DEC -5 PM 4: 06

FALLAHASSEE. 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