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Office Use Only

officer Resignation

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## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Temple ILE AXE ORIXA CORP. (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
MUNICA KAWABATA (Name of Person)
(Name of Person)
(Name of Firm/Company)
22881 BARRISTER DRIVE (Address)
BUCA RATUN - FL 33433 (City/State and Zip Code)
For further information concerning this matter, please call:
MONICA at (561) 218-6100 (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 409 E. Gaines Street Tallahassee, FL 32399

TO: Amendment Section

FILED 05 JUN 27 PM 12: 07

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	MONICA KAWABATA		, hereby resign as	Secretary
-				(Title)
	T. d. T 1			
of_	Temple ILE AXE			
	(Na	me of Corpora	ntion)	
	(Document Number, if known)	, a corp	oration organized und	er the laws of the State of
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			of resigning officer/directo	r)
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## **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