## N06000007586

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Littly Name)
(Decree and Alicente and
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100136774471

10/17/08--01007--006 \*\*35.00



Resigni 10/23/08

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: CIPOL EVANGE ST Corporation)  DOCUMENT NUMBER: 100 0000 1586
DOCUMENT NUMBER: NUMBE
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Mana of Person)
(Name of Person)
(Name of Firm/Company)
Add Ghalf Dr (Address)
(Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
Andrea Milliam at (20) 944-948 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Andrea S. N	Illiams	, hereby resign as_	Gecretan	/	
or Global	L-Vange 15	lc Center,			
NO 600000 75 (Document Number, if ki	<u>58 b</u> , a corp nown)	ooration organized un	der the laws of	the State of	
<u> </u>	Mul Juli (Signiture	of resigning officer/direc	tor)	OR OCT 17 AM 10: 58	

## 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