## N07000006983

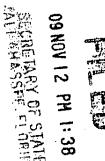
(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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OD Resign.



## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: CUNE O	Name of Corporation)
DOCUMENT NUMBER:	N 07000006 983
The enclosed Officer/Director Resign	nation for a Corporation and fee are submitted for filing
Please return all correspondence con-	cerning this matter to the following:
Larry Heinkel (Name of Perso	n)
(Name of Firm/Con	
/// 2 <sup>nd</sup> Arc (Address)	NE #900
57 Pete, FL (City/State and Zip	33701-3474
For further information concerning the	•
Larry Herakel (Name of Person)	at ( 727 ) 4 6 4 200 8 (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

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, _	Richar d Spay de hereby resign as Treasuren (Title)	-
of_	Cure on Wheels INC (Name of Corporation)	
	No 70 6.66 6983  (Document Number, if known)  , a corporation organized under the laws of the State of	
	Florida.	
	Signature of resigning officer/director)	
	PH 1: 38 FF FLORE	

**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

Richard Sparde will retain the position of Secretary