N10000009468

(Req	uestor's Name)	
(Add	ress)	
(Addi	ress)	
(City/	/State/Zip/Phone #	9)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Name)
(Doc	ument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to F	iling Officer:	

Office Use Only



400242168774

resignation

11/28/12--01006--014 **35.00



11/2/12

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Flow 24/7 In C (Name of Corporation)
DOCUMENT NUMBER: WILOGOOG 9468
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Reb Worzberger (Name of Person)
(Name of Firm/Company) 520 WW 7 th 5t
S20 UG 7th St (Address) Secch FZ 33444 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (561) 248-6448 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FILE® FOR A CORPORATION

2812 NOV 28 PH 3: 32

TALLAHASSEE, PLONIE
1, Robert M. Worzburger, hereby resign as / require
(Title)
of
W110000 o 9468, a corporation organized under the laws of the State of (Document Number, if known)
Florida
_
(Signature of regioning of Good/director)
(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