N13000000488

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	WAIT,	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	····································
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
gg ^{ree}	Office Use Onl	v



600265532756

10/17/14--01012--012 **35.00

14 OCT | 7 PHI2: 10

DD/Res 00/30/14

TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: DIV M Corp Amendment Lection (Name of Corporation)
DOCUMENT NUMBER: 14 14 000 2 1415
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person) (Name of Firm/Company) (Name of Firm/Company)
966 Waterway
Grafust By St. 3297.6 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (401) 464-25-20 (Area Code & Daytime Telephone Number)

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, CANOLE LEW WEST, hereby resign as DN ECTOT
(Title)
of Macking Accountable Comment Crys, (Name of Corporation)
- 11A MAN SIV 13
(Document Number, if known), a corporation organized under the laws of the State of
- 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

14 OCT | 7 PH | 2: 18