| · N35412                                     |                                  |
|--|----------------------------------|
| (Requestor's Name)<br>(Address)<br>(Address) | 300279964193                     |
| (City/State/Zip/Phone #)                     | 12/14/1501029020 <b>**</b> 70.00 |
| Certified Copies Certificates of Status      | INVISIEN SECTOR STATES           |
| Office Use Only                              | DEC 1 6 2015<br>C LIEVANS        |

## TRANSMITTAL LETTER

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TO: Amendment Section Division of Corporations

JSSPIATI SUBJECT: (Name of Corporation)

DOCUMENT NUMBER: N35412

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ACKZE FRANCO (Name of Person) SSOCZATION 1 (Name of Firm/Company)

 $() \infty 0$ 

(City/State and Zip Code

For further information concerning this matter, please call:

(Area Code & Daytime Telephone Number) (Name of Person)

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 2661 Executive Center Circle Tallahassee, FL 32301

CR2E044 (05/13)

ÖF HAX RPD4410045 OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

\_, a corporation organized under the laws of the State of

15 DEC 14 PM 12: 35

KEUIN WRIG, \_, hereby resign as KRESIDENT AND (Title) 1,

of Name of Corporation

Document Number, if known)

FLORIC

12-9-15

(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