

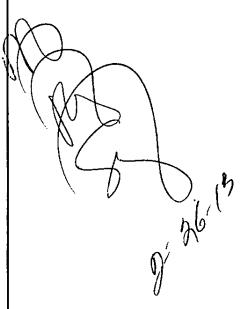
| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| - PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |





02/21/13--01013--025 **35.00





TRANSMITTAL LETTER

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 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| ſ, | DOUG DEWITT | _, hereby resign as | PRES | IDENT | |
|----|-------------------------------------|-----------------------|-------------------|-------------|-------|
| of | 815 LeNox | | INIUM | Associa | NOITE |
| | (Name of Corporat | ion) | | | |
| No | (Document Number, if known) a corpo | oration organized und | er the laws of th | ne State of | |
| | FLORIDA. | | | | |
| | | | | | |
| | \wedge | | | | |

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314