## P0000033863

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:			
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Office Use Only



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SECRETARY OF STATE

Which Resignation

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Spinnaker Communications Componential (Name of Corporation)
DOCUMENT NUMBER: <u>P000000 33863</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
William J. WEEKS, Jr
(Name of Firm/Company)
3039 KEATS DRIVE
PENSACOA, FL 32503 (City/State and Zip Code)
For further information concerning this matter, please call:
William J. Weeks, Jr at (850) 432-14/1 or 432-40/8 (Name of Person) (Area Code & Daytime Telephone Number)

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

ASTORICA PHILIP

I. William J. WEEKS	s, JF_, hereb	oy resign as	Dia	ctor_
of Spinnaher (Nar	$\sim$		`	•
P000000 33863 (Document Number, if known)	, a corporation c			
FLORIDA			_	

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