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Requester's l	Name				
Addres	s			-	-
City/State/Zip	Phone #		1000r -09 *	046088 9/24/01—011 ****52.50	81 — 19—00 *****4
			Office Use	Only	-
CORPORATION NAME	(S) & DOCU	MENT NUMBER(S),	(if known):		
1(Corporation N	Name)	(Document #)	-	OI SEP	
(Corporation Name)		(Document #)		24 AMII:	
(Corporation Name)		(Document #)		STATE FLORIDA	
(Corporation Name)		(Document #)			
☐ Walk in ☐ Pi	ck up time	<u> </u>	Cert	tified Copy	
☐ Mail out ☐ W	ill wait	☐ Photocopy	☐ Cert	tificate of State	us
NEW FILINGS	_	AMENDMENTS			
Profit Not for Profit Limited Liability Domestication Other	0 (des 10-3-01	Amendment Resignation of Change of Reg Dissolution/Wi Merger	istered Agen		
OTHER FILINGS		REGISTRATION	/QUALIFIC	CATION	
Annual Report Fictitious Name		Foreign Limited Partne Reinstatement Trademark	rship	- 	

Other

Examiner's Initials



01 SEP 24 AM 11: 54

SECRETARY OF STATE TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION

Ι,_	BLAS	El1A5		, hereby resign as	
of	BELLE		STOLE Jame of Corpora	FIVE, INC	۰۰,
a coi	poration orga	nized under the	laws of the S	state of Florida	
and :	affirm that the	corporation has	been notified	d in writing of the resignation.	
			(Signature o	Of resigning officer/director)	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314