## P00000942557

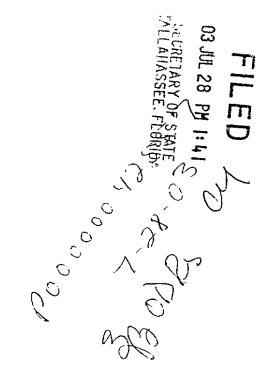
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## TRANSMITTAL LETTER

то:	Amendment Section Division of Corporations	
SUBJ	UMENT NUMBER: 00000 (2557)	
The e	nclosed Officer/Director Resignation for a Corporation and fee are sub	mitted for filing
Please	e return all correspondence concerning this matter to the following:	
	Flisheth Page (Name of Person)	·
	(Name of Firm/Company)	
	SUL NE (6777)SF (Address)	
K	(City/State and Zip Code)	
For fu	arther information concerning this matter, please call:	0824
	(Name of Person) at (SO5) 572 - (Area Code & Daytime Tele	phone Number)
Tral.	and in a character for \$25,00 made marchled the The 14. Done 4.	

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

I, <u>F7/2ebett</u>	hese	, hereby resign as_	Dire Are	(tle)	
	Hor COS / C. CO. (Name of Corporation				_,
(Document Number,	143557, a corpor if known)	ration organized und	er the laws of the	State of	
Florion	<u>.                                      </u>			SECI	
				JUL 28 CRETARY AHASSE	Ë
	Church R. (Signature of	resigning officer/directo	or)	PM 1: 4 OF STATE, FLORI	<del></del>
	$\mathcal{U}$			<u> </u>	•

## 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