Requester's Name Address City/State/Zip Phone # Office Use Only A Office Use Only A

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.	Employers strip are strip and strip and strip and strip and strip.
(Corporation Name)	(Document #) -07/01/0201091002 *****35.00 *****35.00
2. (Corporation Name)	(Document #)
(Corporation Hame)	(Document #)
3. (Corporation Name)	(Document #)
(Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time	e Certified Copy
☐ Mail out ☐ Will wait	Photocopy
NEW FILINGS	AMENDMENTS
Profit	Amendment
Not for Profit Limited Liability	Resignation of R.A., Officer/Director Change of Registered Agent
Domestication	Dissolution/Withdrawal
☐ Other	☐ Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	Foreign
Fictitious Name	Limited Partnership Reinstatement
	Trademark
	☐ Other

CR2E031(7/97)

Examiner's Initials PS 7/9/01

02 JUL - 1 AM 10: 34

SECKETARY OF STATE TALLAHASSEE, FLORIDA

- OFFICER / DIRECTER PESIGNATION

Ι,_	DAVID EPLEY	, hereby resign as Treasurer (Title)	
of	FIDAV CORP.	ne of Corporation)	•
a cor	poration organized under the law	s of the State of <u>Florida</u>	
and a	ffirm that the corporation has be	en notified in writing of the resignation.	
:	Dav	Signature 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