Pooooooooooooooooooooooooooooooooooooo	
(Requestor's Name) (Address) (Address)	600057263636
(City/State/Zip/Phone #)	07/25/0501076008 **35.00 <sup></sup>
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

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## DOCUMENT NUMBER: 1000006072

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Bales

(Name of Person)

(Name of Firm/Company)

(ddress)

FL, 3283L (City/State and Zip Code)

For further information concerning this matter, please call:

(Area Code & Daytime Telephone Number) (Name of Rerson)

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

DIV ORATIONS 2005 JUL 25 PM 2:56 **OFFICER / DIRECTOR RESIGNATION** FOR A CORPORATION ace\_ Dreder I, \ and , hereby resign as\_\_\_ tesido of \_\_\_\_\_, a corporation organized under the laws of the State of Document Number, if known) nda

. – <u>a</u>r..

(Signature of resigning officer/director)

## 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