Posooo 709/9 Requester's Name

VICTOR REYES

3660 CARMON CROSSME DR.
3660 CARMON CROSSME DR.
32223

JACKSON ULLE, FL. 32223

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Office Use Only

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

1.	
(Corporation Name)	(Document #)
2(Corporation Name)	(Document #)
(Corporation (Value)	
3(Corporation Name)	==(Document #)
4(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time	Certified Copy
☐ Mail out ☐ Will wait	Photocopy
NEW FILINGS	AMENDMENTS
Profit Note for Profit	Amendment Resignation of R.A., Officer/Director
Not for Profit Limited Liability	☐ Change of Registered Agent
☐ Domestication ☐ Other	☐ Dissolution/Withdrawal ☐ Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	Foreign Time of Partnership
Fictitious Name	Limited Partnership Reinstatement Trademark
	Other
	V SHEPARD DEC 1 0 2001
000000000000000000000000000000000000000	Examiner's Initials



October 22, 2001

VICTOR REYES 3660 CARMON CROSSING DR. JACKSONVILLE, FL 32223

SUBJECT: STORM PRO.NET, INC. Ref. Number: P00000070919

We have received your document for STORM PRO.NET, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records do not show you as ever being the registered agent for the above corporation. However we do show you as an officer, if you wish to resign as an officer please fill out and submit the attached form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6909.

Velma Shepard Corporate Specialist

Letter Number: 401A00058018

Read 12/7

DIVISION OF COOL STATE

OI DEC -7 AM 9: 26

OFFICER / DIRECTOR RESIGNATION

I, VICTOR E. REYES =, hereby resign as VICE PRESIDENT
of STORM PRO. NET. INC. (Name of Corporation)
a corporation organized under the laws of the State of
and affirm that the corporation has been notified in writing of the resignation.
Daniel
(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