400	200007	12032
Requester's Name  /// Buckell and Address  City/State/Zip Phone #	ect 2 PA 3131	
	<del></del>	Office Use Only
CORPORATION NAME(S) & DOCU	MENT NUMBER(S), (ii	(known):
C. (Corporation Name)  3. (Corporation Name)	(Document #)	9000035289199 -01/09/0101014001 *****210.00 ******35.00
1(Corporation Name)  Walk in Pick up time  Mail out Will wait	(Document #)  Photocopy	☐ Certified Copy ☐ Certificate of Status
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other  OTHER FILINGS  Annual Report Fictitious Name	AMENDMENTS  Amendment  Resignation of F  Change of Regis  Dissolution/Wit  Merger  REGISTRATION/O  Foreign Limited Partners Reinstatement  Trademark  Other	OUALIFICATION OF ST
		Examiner's Initials     -   -



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## OFFICER / DIRECTOR RESIGNATION

I, ELIAG TSALIVIS, Thereby resign as TRECTOR (Title)
of GOLDEN T. TRUST  (Name of Corporation)
a corporation organized under the laws of the State of FLORIDA
and affirm that the corporation has been notified in writing of the resignation.
Con Land
(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