POOD 544

Address

30004191253--3
City/State/Zip Phone #

City/State/Zip Phone #

******70.00 ******35.00

Office Use Only

Office die Othy		y
CORPORATION NAME(S) & DOCU	MENT NUMBER(S), (if known):	FIL OI MAY -9 SECRETAR TALLAHASS
(Corporation Name)	(Document #)	FILED Y-9 PM 3: HASSEE, FLO
(Corporation Name)	(Document #)	RIDA RIDA
(Corporation Name)	(Document #)	4
(Corporation Name)	(Document #)	
☐ Walk in ☐ Pick up time _	Certif	ied Copy
☐ Mail out ☐ Will wait	Photocopy Certif	icate of Status
NEW FILINGS	<u>AMENDMENTS</u>	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/I Change of Registered Agent Dissolution/Withdrawal Merger	Director
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other	-· -·

Examiner's Initials

T BROWN MAY 1 6 2001

FILED

01 MAY -9 PM 3: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION

I, James Cour	, hereby resign as VD (Title)	
of Philly 4 (Name of Corporate	U, INC.	
a corporation organized under the laws of the Sta	ate of <u>Fhoridae</u>	
and affirm that the corporation has been notified in writing of the resignation.		
James Carry (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

CR2E044(9/98)