| (Red | (Requestor's Name) | | | | |
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| PICK-UP | WAIT | MAIL | | | |
| (Bus | iness Entity Na | me) | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificate | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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04/04/05--01052--019 **43.75



TRANSMITTAL LETTER

| SUBJECT: BNI MIANI Dade Inc (Name of Corporation) |
|--|
| (Name of Corporation) |
| DOCUMENT NUMBER: POODOO99333 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following: |
| Stephen Foster (Name of Person) |
| Foster Financial Services Inc (Name of Firm/Company) |
| 7300 N Kerdall Dr 450 (Address) |
| MIAM. FC 33156 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Stiphen Fostek at (305) 670 0707 (Name of Person) (Area Code & Daytime Telephone Number) |
| 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

Amendment Section Division of Corporations

TO:

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, Stephen | Foster | , hereby resign as | Vice Pre | s. Dent |
|----------------------|-------------------------------|------------------------------|--------------------|------------|
| of BNI | M. A. Dode (Name of Corpor | • | | , |
| (Document Number, if | 99333 , a corp (known) | oration organized und | er the laws of the | e State of |
| | : . | | : | 05 PR |
| | 16+ | P | | |
| | (Signature o | of resigning officer/directo | r) | 6:12 |

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