## P00000117423

·,		
· (Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
`	,	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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FILED 2: 55

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, S. SCSTT BROWN	hereby resign	n as PRECIDENT	Fitle)
OF SPECTRUM INTERNA	4 Nowar Grave I	ice	
(Document Number, if known)	, a corporation organize	d under the laws of th	e State of
•	<u></u> , <u></u>		
L'Ace	(Signature of resigning officer/o	director)	03 OCT -9 PM 2: 55

## 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