| (Requestor's Name) | |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Address) | 50016219839 |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | A DECEMBER OF THE PROPERTY OF |
| (Document Number) | 10/28/0901005012 **35 |
| Certified Copies <u>কি ফ ক ্</u> Certificates of Status <u>ৰ ইক্ষেক্ত কু</u> লু | A Collaboration of the Collabo |
| Special Instructions to Filing Officer: | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
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Office Use Only



COVER LETTER

Amendment Section Division of Corporations

TO:

| SUBJECT: | WYNORE ENTERPRISES INC |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| | (Name of Corporation) |
| DOCUMENT NUMBER:_ | P01000002710 |
| The enclosed Officer/Directo | r Resignation for a Corporation and fee are submitted for filing |
| Please return all corresponder | nce concerning this matter to the following: |
| AZIZ A LAKHANI | |
| (Name | of Person) |
| WYNORE ENTERPRISE | S INC |
| (Name of F | irm/Company) |
| 5912 MAIN STREET | |
| (Ad | dress) |
| NEW PORT RICHEY, F | L 34652 |
| (City/State | and Zip Code) |
| For further information conce | erning this matter, please call: |
| AZIZ A LAKHANI | at (727) 534 6850 (Area Code & Daytime Telephone Number) |
| (Name of Pers | on) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for \$35.0 | 0 made payable to the Florida Department of State. |
| Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallabassee, FL 32301 | Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, DEVENDRA PATEL | , hereby resign as VICE PRESIDENT |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ** | (Title) |
| of_ WYNORE ENTERPRISES INC | Corporation) |
| P0100002710 | , a corporation organized under the laws of the State of |
| Florida. | , |
| (Sig | gnature of resigning officer/director) TALLAHAS SECURITY SECURI |

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