

P01000013633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

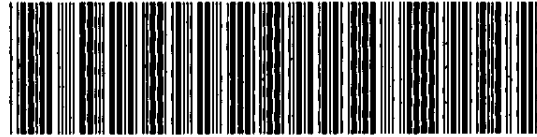
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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8-30-10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: POLYGON CORPORATION
(Name of Corporation)

DOCUMENT NUMBER: P01000013633

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DRAB, LADISLAV

(Name of Person)

(Name of Firm/Company)

7417 TREELINE DRIVE

(Address)

NAPLES, FL 34119

(City/State and Zip Code)

For further information concerning this matter, please call:

DRAB, LADISLAV

(Name of Person)

at (239) 877 1837

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

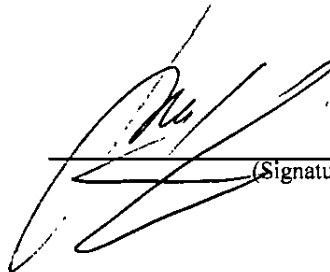
2010 AUG 26 A 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, DRAB LADISLAV, hereby resign as VICE PRESIDENT
(Title)

of POLYGON CORPORATION,
(Name of Corporation)

P01000013633, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.


(Signature of resigning officer/director)

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