## P0/0000/8820

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
		-78
(Cit	y/State/Zip/Phone	∌#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
•	•	•
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000082786400

12/28/06--01021--016 \*\*35.00

1/8/07

## **COVER LETTER**

	(Name of Corpo	ration)	
DOCUMENT NUMBER: P0100001	8820		
The enclosed Officer/Director Resignation	n for a Corporatio	n and fee are submitted fo	r filing.
Please return all correspondence concerni	ng this matter to t	he following:	المنتهية المسادات
Diane Salamon			
(Name of Person)		<del>-</del>	
Salamon Investments, Inc			
(Name of Firm/Company	<u>'</u> )	_	
P.O. Box 266166			
(Address)	· · · · · · · · · · · · · · · · · · ·	•	
Weston, FL 33326			
(City/State and Zip Code	<del>)</del>	<del></del>	
For further information concerning this m	atter, please call:		
Diane Salamon	at ( 954	434-2154	
(Name of Person)		le & Daytime Telephone Nu	mber)

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

**TO:** Amendment Section Division of Corporations

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Joseph Salamon	, hereby resign as(Treasurer/Director		
1,	(Title)		
ofSalamon Investments, Inc.	me of Corporation)	,	
P01000018820 (Document Number, if known)	, a corporation organized under the laws of the State of		
Florida	·		
	(Signature of resigning officer/director)  SECRETAR TALLAHASS	WEEKING A STATE OF THE STATE OF	
	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