P0/000027381

(Requestor's Name)	
(Address)	
(Address)	
•	
(City/State/Zip/Pho	one #)
. PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certifica	tes of Status
Special Instructions to Filing Officer:	
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05 MAY -5 PH 3: 43
SECRULARY OF STATE
TALLAHASSEE, FI ORIDA

Office Use Only

officer Resignation

T BROWN MAY 1 3 2005

Amendment Section Division of Corporations

TO:

TRANSMITTAL LETTER

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION ALLAHASSEE. FLORIG THE CORPORATION ALLAHASSEE. FLORIG The Corporation The Corporation OF MAY - 5 PM 3: ALLAHASSEE. FLORIG (Trile)

(Name of Corporation)

PO | 0000 2738 | a corporation organized under the laws of the State of (Document Number, if known)

FOUNDA

(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