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TRANSMITTAL LETTER

SUBJECT: PO1000050163 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: S USAN SAGUBOUC (Name of Person) (Name of Firm/Company) S. LYFICIDO DE (Address) For further information concerning this matter, please call: Dean Saclibere at (386) 453-9699 (Area Code & Daytime Telephone Number) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Mailing Address:
Amendment Section Street Address: Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 409 E. Gaines Street

Tallahassee, FL 32399

Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

04 NOV 19 AM 8: 40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

	. (
Title)	
of day leafly the . (Name of Corporation)	. ,
POIDOD 50/63, a corporation organized under the laws of the State of (Document Number, if known)	
Flound.	
(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