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# 0/D Esignation
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## TRANSMITTAL LETTER

SUBJECT: CROWN MANAgent + Developmy (Organion)  (Name of Corporation)		
DOCUMENT NUMBER: PO 1 0000000000000000000000000000000000		
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
MARSHAU D. Guan JR (Name of Person)		
GUNHT Company)  (Name of Firm/Company)		
4887 Berfort Road Suite 201		
(Address)		
JACKSONINE FL 32256 (City/State and Zip Code)		
For further information concerning this matter, please call:		
MARSHAUD GUNS TR at (904) 296-2007 X211 (Name of Person) (Area Code & Daytime Telephone Number)		

Amendment Section Division of Corporations

TO:

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 Tallahassee, FL 32399

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION I, MARSHAUD. Gun, Jr., hereby resign as Readent Secretary Of Crown Management toucher must Corp. (Name of Corporation) PO 1000 12562 a corporation organized under the laws of the State of (Document Number, if known)

FILING FEE IS \$35.00

ignature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314