

P01000054350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

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(Business Entity Name)

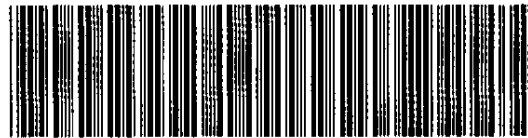
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*C. Coulliette*  
C. COULLIETTE

AUG 05 2010

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NUMIND SOFTWARE SYSTEM, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P01000054350

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

Please return all correspondence concerning this matter to the following:

ALI GUVEN KIVILCIM

(Name of Person)

(Name of Firm/Company)

436 ALAMANDA DR

(Address)

HALLANDALE, FL, 33009

(City/State and Zip Code)

For further information concerning this matter, please call:

ALI GUVEN KIVILCIM

(Name of Person)

at ( 954 ) 455-5071

(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**

I, ALI GUVEN KILIVCIM, hereby resign as PRESIDENT /PSTD  
(Title)

of NUMIND SOFTWARE SYSTEM, INC  
(Name of Corporation)

P01000054350, 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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