

P01000073501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

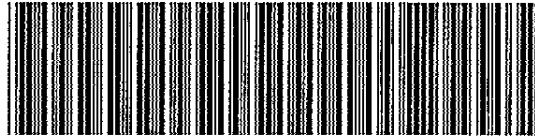
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NU IMAGE ASSOCIATES INC
(Name of Corporation)

DOCUMENT NUMBER: P01000073501

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

Please return all correspondence concerning this matter to the following:

RAVI PERSAD
(Name of Person)

NU IMAGE ASSOCIATES INC.
(Name of Firm/Company)

3337 APACHE LN.
(Address)

MARGATE FL. 33063
(City/State and Zip Code)

For further information concerning this matter, please call:

RAVI PERSAD at (954) 471-1044
(Name of Person) (Area Code & Daytime Telephone Number)

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
Tallahassee, FL 32399

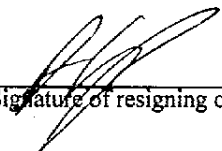
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, RAVIKESH PERSAD, hereby resign as PRESIDENT
(Title)

of NU IMAGE ASSOCIATES, INC.,
(Name of Corporation)

P01000073501, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.


(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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