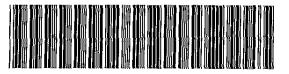
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(Rec	uestor's Name)	
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(City	/State/Zip/Phone	⊋#)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	





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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: WHATEVER IT TAKES, INC. (Name of Corporation)
· · · · · · · · · · · · · · · · · · ·
DOCUMENT NUMBER: P01000073821
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
THOMAS J. TIGHE, ESQUIRE (Name of Person)
(Name of Person)
THOUSE & TIOUS D A
TUCKER & TIGHE, P.A. (Name of Firm/Company)
800 East Broward Blvd., Ste 710
(Address)
Fort Lauderdale, FL 33301
(City/State and Zip Code)
• •
For further information concerning this matter, please call:
Thomas J. Tighe, Esquire at (954) 467-7744 (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

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, DALE RICH	, hereby resign as	President/Director
		(Title)
of WHATEVER IT TAKES, (Name of Corporation		,
P01000073821 , a corpor (Document Number, if known)	ation organized unde	r the laws of the State of
Florida	,	
	·	
(Signature of r	esigning 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

02 DEC -6 PM 3: 35
SECRETARY OF STATE