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COVER LETTER

TO: Amendment Section **Division of Corporations**

SUBJECT: ame of Corporation) 1000075310

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:

JAPSTE Jame of Person) -19UE m/Company)

32960 (City/State and Zip Code)

For further information concerning this matter, please call:

APSTEIN at (Ode & Daytime Telephone Number) (Name of Person)

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

AROL KNAPSTEIN, hereby resign as_ (Title)

0 Name of

310 cument Number, if known)

____, a corporation organized under the laws of the State of

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FEB 12 PH 1:04

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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