

PO1000087646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

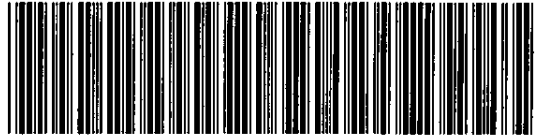
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: oudi is,inc

(Name of Corporation)

DOCUMENT NUMBER: p01000087646

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

Please return all correspondence concerning this matter to the following:

RODNEY OUDI

(Name of Person)

OUDI IS, INC

(Name of Firm/Company)

1923 SE 4TH ST

(Address)

CAPE CORAL, FL 33990

(City/State and Zip Code)

For further information concerning this matter, please call:

PAUL LARROW

(Name of Person) at (238) 458-2558
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2008

RODNEY OUDI
1923 SE 4TH ST.
CAPE CORAL, FL 33990

SUBJECT: OUDI IS, INC.
Ref. Number: P01000087646.

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 808A00003813

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, RODNEY OUDI, hereby resign as VICE PRESIDENT
(Title)

of OU DI IS, INC
(Name of Corporation)

P01000487646, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

FILED
08 JAN 25 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, 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