P0100000	88236
(Requestor's Name) (Address) (Address)	300014436283
(City/State/Zip/Phone #)	03/24/0301064020 **35.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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	V SHEPARD MAR 3 1 2003

TRANSMITTAL LETTER

TO: Amendment Section **Division of Corporations**

accenters **SUBJECT:**

Name of Corporation)

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:

(Name of Person) Johnny K

(Name of Firm/Company)

Volsella pl. (Address) 736

F 3423/ (City/State and Zip Code)

For further information concerning this matter, please call:

ame of Person) at (423) 534-6969 (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

DIVISION OF CORPORATIC 03 MAR 24 PM 3: 05 **OFFICER / DIRECTOR RESIGNATION** FOR A CORPORATION I. Tohn R Spriggs II, hereby resign as President/trequirer (Title) (Name of Corporation) Keys of_ _____, a corporation organized under the laws of the State of (Document Number, if known) Elacicle · · · · _____

Signature of rec

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