P01000094839

(Requestor's Name)		
(Address)		
(Address)		
(Ci	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
æ	usiness Entity Name	<u>, </u>
(50	isiness Entity Name	,
(Samuel Namba)		
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to Filing Officer:		
•		

Office Use Only



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06/28/04--01018--004 **35.00

Offlesign



OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

1, OFFICE T. May hereby resign as Directory Pict Strate of TUT Lynger MANTACTUALING, Time, (Name of Corporation)

ANTACTUALING, Time, Discountered Number, if known)

ACCOUNTER SIgnature of resigning officer/directory

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