## DO/000/02/175

(Re	questor's Name)	
. (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	☐ MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	



11/10/0



700187485027

11/08/10--01046--014 \*\*105.00





## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

hereby resign as_		(Title)	, of	,
	nder the laws o	f the State (	, of	,
	der the laws o	f the State of	of	,
tion organized un	nder the laws o	of the State of	of	
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	•			
signing officer/direct	tor)	SEORE MLLAH	ON GERR	····
(			8- A	
			A	
	signing officer/direc	signing officer/director)	signing officer/director)	T VO

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314