: P02	000000527
- KNOX P.O. BOX 7672 -ILE, PL 33855	02 IALLA
City/State/Zip Phone #	Office Use Only OFF
CORPORATION NAME(S) & DOCUM	MENT NUMBER(S), (if known):
1. (Corporation Name)	(Document #)
2. (Corporation Name)	(Document #)
3(Corporation Name)	(Document #)
4(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time	Certified Copy
☐ Mail out ☐ Will wait	Photocopy
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS 80006352118—3 -07/12/0201041009 Amendment *****35.00 *****35.00 Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other
CR2E031(7/97)	Examiner's Initials ODRES.

O2 JUL 12 AMII: 47

SECRETARY OF STATE TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION

I, <u></u>	(ENNETH	G Know, he	reby resign as (PRESDENT	
of <u>l</u>	DIS TIMETIVE	SOLB (Name of Corporation)	SURFACE	s, Ivc,	,
a corpo	oration organized under t	he laws of the State of	<u>FLO</u>	rib A	
and affirm that the corporation has been notified in writing of the resignation.					
	<u> </u>	(Signature of resign	ing officer/director)		

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314