P0200001619

(Re	equestor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



200059767642

09/22/05--01006--023 **35.00

O5 SEP 22 PN 2: 48
SECRETARY OF STATE
TALLAHASSEE FI OBJE

(1)

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: TOTAL KNOCK OUT, INC.
SUBJECT: TOTAL KNOCK OUT, INC. (Name of Corporation) DOCUMENT NUMBER: 5/044 754
,
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)
TOTAL KHOCK OUT, INC. (Name of Firm/Company)
255 NE ZAVE # 237 (Address)
DEURAL BEACH, EC 33444 (City/State and Zip Code)
For further information concerning this matter, please call:
UCRICO LIVING STO \ at (56/) 441.7149 (Name of Person) (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
Post Office Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, ULRICO LIVIH65	, hereby resign as	(Title)
of TOTAL KNOCK (Name)	OUT, TUC	,,
(Document Number, if known)	, a corporation organized unde	er me laws of the State of
1 Sur	Signature of resigning officer/director)
F	TĻING FEE IS \$35.00	FILED 05 SEP 22 PM SECRETARY OF S TALLAHASSEE FLO

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

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