## P0200007207

| (Requestor's Name)                      |
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|   |
| (Address)                               |
|   |
| (Address)                               |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Business Charly Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
|   |
| Special Instructions to Filing Officer: |
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Office Use Only



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resignation of oggicen

02/16/09--01024--020 \*\*35.00

FILED
2009 FEB 16 BM 35 11
SECRETARY OF STATE

2/18/09

16 34

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Nonwater Pictures
(Name of Corporation)

DOCUMENT NUMBER: Po Zooso 07207

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Liliam Research
(Name of Person)

Hoonweer Pictures
(Name of Firm/Company)

2779 SINSET DR # 277
(Address)

Mimi Fi 33180
(City/State and Zip Code)

For further information concerning this matter, please call:

Please Times at 300 582996
(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

## FILED OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| 1, Lilliam Ru               | EPS, hereby resign as                                    |
|-----------------------------|--|
|                             | (Title)  |
| of MOONWATER                | PIGURES Inc.   |
| (Name                       | of Corporation)  |
| (Document Number, if known) | , a corporation organized under the laws of the State of |
| FLORIDA                     | <u> </u>   |
|                             |  |
| D                           | $\bigcirc$   |

## FILING FEE IS \$35.00

Signature of resigning officer/director)

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

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