## 1000114050

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



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## TRANSMITTAL LETTER

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Claudia	Vianna	, hereby resig	n as Directo	r, Treasuren	. Secretary
of Teikon	America (Name of Corp	Corpor	ation		
PD 2000 /4	050aco	rporation organize		s of the State of	
Plonda	<u> </u>				
		~		TALLAH	3S +0
	Jack (Signature	e of resigning officer.	Lams director)	ASSEE.	P 23 PI
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## 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