## P02000014376

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	1
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





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01/23/04--01057--001 \*\*35.00

Officer Resignation 1-30-04

## TRANSMITTAL LETTER

SUBJECT: AMOR Enteronism (Name of Corporation)
DOCUMENT NUMBER: 00200014376
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)
How English (Name of Firm/Company)
4914 WICKBROTEN Hay. STE 100
- OR Control (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (40) 50 - 000 (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
409 E. Gaines Street
Tallahassee, FL 32399

Amendment Section
Division of Corporations

TO:

CR2E044(11/02)

Mailing Address:
Amendment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION SECRETARY OF STATE OF THE CORPORATION SECRETARY OF TH

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