P0200017414

(Re	questor's Name)	
(Ad	ldress)	
(Ad	idress)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates o	of Status
Special Instructions to Filing Officer:		

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000244578890

resignation ob officer

02/19/13--01007--017 **35.00



DR 2/22/13

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: AVATAR RELOCATION INC. (Name of Corporation) DOCUMENT NUMBER: POZOOOO 17414
DOCUMENT NUMBER: P02000 17414
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Wicciam South (Name of Person)
AVAMOR RELOCATION OF N.Y. THE (Name of Firm/Company)
P.O. BOX 728 YAPHANK, NY 11980 (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
Urction Sount at (631) 244-868b (Area Code & Daytime Telephone Number)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

$\begin{array}{c} \textbf{OFFICER} \, / \, \textbf{DIRECTOR} \, \, \textbf{RESIGNATION} \\ \textbf{FOR A CORPORATION} \end{array}$

2113 FEB 19 PM 4: 15

	SECIME ART OF STATE TALLAHASSEE, FLORIDA
1. William South In	, hereby resign & Mesident
	(/
of AVATAM RELUCATION (Name of C	TNC.
P 02000017414 (Document Number, if known)	a corporation organized under the laws of the State of
FLURIDA	

ignature of resigning officer/director)

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