Po200026/62

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

Office Use Only



500038364135

07/02/04--01017--003 **35.00

ON JUL-2 PM 12: 01
SECRETARY OF SIALE



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: 3 DK In C. (Name of Corporation)
DOCUMENT NUMBER: P0200026162
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Daniel Kat 2 (Name of Person)
(Name of Firm/Company)
1930 NE 211 St (Address)
Miami F_ 33179 (City/State and Zip Code)
For further information concerning this matter, please call:
Daniel Kat 2 at (305) 4505977 (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
P.O. Box 6327
Tallahassee, FL 32314

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Karen	De	Kat2	_, hereby resign as	SECRETARY TREASURER	DIRECTOR	<u>. </u>
of		DK	Tame of Corporati			(Title)	. 1
P02	OOOOZG Document Number,	62 if known)	, a corpo	ration organized u	nder the laws of	f the State of	
<u>F</u>	WRIDA		···				
						ı	
		K	arei De	en au clo	1 17	SECRET SALLAH	il E
)	(Signature of	resigning officer/dire	ctor; į	ARY OF STAN	150
						2:01 SIATE	

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