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(Re	questor's Name)		
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Certified Copies	Certificate	s of Status	
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Special Instructions to	Filing Officer:		
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SECRETARY OF STATE OF CORPORATIONS OF CORPORATIONS

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COVER LETTER

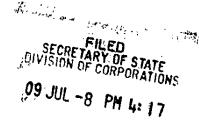
TO: Amendment Section Division of Corporations
SUBJECT: (Name of Corporation)
DOCUMENT NUMBER: POZOROG 7789
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
(Name of Firm/Company)
37 Knist 33 (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (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 Post Office Box 6327 Tallahassee, FL 32314

CR2E044(08/05)

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



. Good Antony	, hereby resign as Wile Free 17 (Title)
of Kendarian (Nar	WS /WC . ne of Corporation)
(Document Number, if known)	, a corporation organized under the laws of the State of
- FWFTVII	·
<u> </u>	Van Talle
	(Signature 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