P0200052150

| (D) | equestor's Name) | |
|---------------------------------------|---------------------|-------------|
| (Requestors Name) | | |
| | (dress) | |
| (AC | idress) | |
| | ldress) | |
| (AC | idless | |
| | ty/State/Zip/Phone | - 40 |
| (CII | ty/State/Zip/Pflone | = #) |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Ви | siness Entity Nan | ne) |
| | | |
| (Document Number) | | |
| | | |
| Certified Copies | _ Certificates | of Status |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | Ì |
| | | |
| | | Í |
| | | ļ |
| | | |
| · · · · · · · · · · · · · · · · · · · | | |



700058595937

08/26/05--01027--016 **35.00

SEDRETARY OF STATE ALLAHASSEE, FLORIDA

officer Resignation

Office Use Only

T BROWN AUG 3 0 2005

TRANSMITTAL LETTER

Amendment Section Division of Corporations DOCUMENT NUMBER: The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call:

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

TO:

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Lucille Welchman, hereby resign as Vice President (Title)

of Mextware Computers, NC.

(Name of Comporation)

POR 2000 52150

(Document Number, if known)

Florida

(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