(Re	equestor's Name)	
(Ac	ddress)	
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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officer Resignation

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COVER LETTER

Suboni Technical Solutions, Inc. (Name of Corporation) P02000058163 **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: Dorel Suboni (Name of Person) Suboni Technical Solutions, Inc. (Name of Firm/Company) 3553 W Tree Tops Ct. (Address) Davie, Florida 33328 (City/State and Zip Code) For further information concerning this matter, please call: Dorel Suboni (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

A	A / DIRECTOR RESIGNATION OR A CORPORATION	OSOCT 24
Gligor Subonj	, hereby resign as Director	OS OCT 24 AM 11: 55 PALLAHASSEE. FLORIDA (Title)
Cubani Taabnical Calutions	lee.	, ,
	Inc. ne of Corporation)	2
(Nar		3
(Nam P02000058163	ne of Corporation)	3

(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