POZ000058900

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

Office Use Only



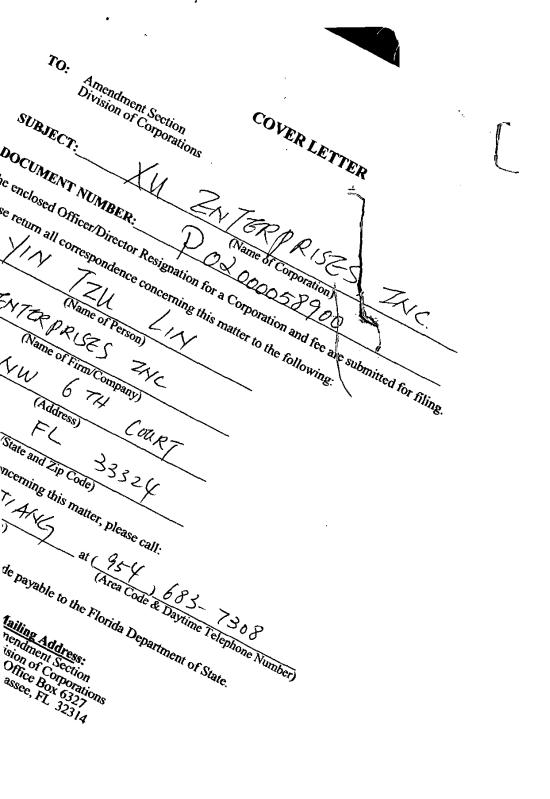
700096020317 JA Resign Theurs

04/09/07--01016--018 **35.00

FILED

2007 APR -9 AM 9: 40

SECRETARY OF STATE
SECRETARY OF STATE



OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED 2007 APR -9 AM 9: 40

SECRETARY OF STATE TALLAHASSEE, FLORIDA

I, VIN 724 LIN hereby resign as DIRECTOR
of XU ZNTERPRISES INC.
(Name of Corporation)
(Document Number, if known), a corporation organized under the laws of the State of
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