## P02000060506

, (Re	equestor's Name)						
(Address)							
(Ad	dress)						
(City/State/Zip/Phone #)							
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PICK-UP	WAIT	MAIL					
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SEUNETARY OF STATE A

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: RESIGNATION OF OFFICE R (Name of Corporation)  DOCUMENT NUMBER: PO 20000 6050 6
DOCUMENT NUMBER: PO 2000 6050 6
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)
3737 S. TUTTLE CLUP.  (Address)
SARASUTA FZ 34239 (City/State and Zip Code)
For further information concerning this matter, please call:
CAROL MONICE at (941) 924-1040  (Name of Person) (Area Code & Daytime Telephone Number)

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
Tallahassee, FL 32301

Mailing Address: Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ı, <u>D</u> An	WEL V.	BILGER	, hereby re	esign as <u>F</u>	MESIOENT (Title)	<u> </u>	
of	SHOW	ME CA (Name of Corp		1NC.			_,
PUZC	ment Number, if k	nown), a co	orporation orga	nized under th	e laws of the State	of	
- Fri	SAIOA	·					
		(Signatur	e of resigning off	icer/director)	SECRETARY OF STATE TALLAHASSEE, FLORID	06 MAY 26 AM 9: 55	FILED

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