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(Requ	iestor's Name)
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Special Instructions to Fil	ling Officer:	
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SECRETARY OF STATE
SECRETARY OF STATE



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
RBD
SUBJECT: A A Exten PRIZE OF Southers
DOCUMENT NUMBER: 2 020000 61226
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
WILLIAM H EARLS (Name of Person)
PARRY BAY (Name of Firm/Company)
2501 Q. J. PAdo Blid
Cape (MAL 67 3389) (City/State and Zip Code)
For further information concerning this matter, please call:
Bill Emplo at (239) 454 5199 (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
P.O. Box 6327
Tallahassee, FL 32314

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. WILLIAM HEA			<u></u>
RBD OF Sout	thwest Fk	orida, Inc	
of PBB CATACO	e of Corporation)	- South Lip	I FL
1 -	SET	3000 19325 ander the laws of the State	of
FL.		SECRE TALLAH	
	2.	NARY OF STA	· 是 [0.13
Will (Sign	ature of resigning officer/o	lirector)	

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