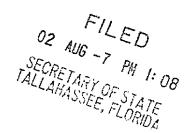
02000067812 Requester's Name (Name of firm/company) Office Use Only 'if known): For further information concerning this matter, please call: UrdaneTa at (305) 4772090 (Area code & daytime telephone number) (Corporation Name) (Document #) (Document #) (Corporation Name) Certified G ☐ Walk in Pick up time Will wait Certificate of Status ☐ Mail out ■ Photocopy **AMENDMENTS NEW FILINGS** 90 Amendment ■ Profit Resignation of R.A. Officer/Director Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/QUALIFICATION **OTHER FILINGS** Foreign Annual Report Limited Partnership Fictitious Name Reinstatement Trademark Other

CR2E031(7/97)



OFFICER / DIRECTOR RESIGNATION

I, <u>Godie</u>	ina UrdaneTa	, hereby	resign as <u>Office</u> (Title)	er. Director, Processor and	resident d Secretary
of Fig	ST Class L	nen Service ne of Corporation)	e Inc.		inger og det state og det stat
a corporation	organized under the la	ws of the State of	Florida		
and affirm th	at the corporation has b	een notified in writing	anHa		

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314