70200082363

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nai	me)		
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



500067676315

##70.00 ***70.00

06 MAR 13 PM 12: 23

SECRETARY OF STAIL DIVISION OF COMPONIONS

PS 3/21/06

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: 6205 Leasing Compa	any, Inc.
SUBSECT.	(Name of Corporation)
DOCUMENT NUMBER: P020	00082363
The enclosed Officer/Director Resign	nation for a Corporation and fee are submitted for filing.
Please return all correspondence con-	cerning this matter to the following:
Thomas E. Rossin, Esq.	
(Name of Perso	n)
(Name of Firm/Con	npany)
400 So. Australian Avenue, Suite	e 800
(Address)	
West Palm Beach, FL 33401	
(City/State and Zip	Code)
For further information concerning the	nis matter, please call:
Thomas E. Rossin	at (561) 833-1946 (Area Code & Daytime Telephone Number)
(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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

SECRETARY OF STATE DIVISION OF CORPORATIONS

06 MAR 13 PM 12: 23

I. Mark Kozlo	wski	, hereby resign as_	President and Director
		,,,	(Title)
of 6205 Leas	sing Company, Inc.		
<u> </u>	(Name o	of Corporation)	
P0200008236		_, a corporation organized un	der the laws of the State of
(Document	Number, if known)		
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