Puauwopass

,	
(Requestor's Name)	_
(Address)	
	_
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	-
	_
(Document Number)	
Certified Copies Certificates of Status	-
Special Instructions to Filing Officer:]
	}
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: BRANJEN, INC.
(Name of Corporation)
DOCUMENT NUMBER: P02000083155
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
W. JUSTIN COTTRELL, ESQ
(Name of Person)
W. JUSTIN COTTRELL, P.A.
(Name of Firm/Company)
809 WALKERBILT ROAD, SUITE 6
(Address)
NAPLES, FLORIDA 34110
(City/State and Zip Code)
For further information concerning this matter, please call:
W. JUSTIN COTTRELL at (239) 449-4888 (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

I,	, hereby resign as_	DIRECTOR AND OFFICER	
		(Title)	
ofBRANJEN, INC.			
(Nan	ne of Corporation)	,	
P02000083155 (Document Number, if known)	, a corporation organized un	der the laws of the State of	
FLORIDA			
	/ W/Z	200 SEI TALL	
·.	(Signature of resigning officer/direct	SET 3	
		PH RP. CO.	i

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