Paacoc 88537

| (Requestor's Name) | | | | |
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| (Address) | | | | |
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| (Address) | | | | |
| (Address) | | | | |
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| (City/State/Zip/Phone #) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| | | | | |
| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE A

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COVER LETTER

Street Address:
Amendment Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO: Amendment Section Division of Corporations

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

2000 SEP 22 PH 4: 21

| 1, Lorraine Sass, her | reby resign as | SECRETARY TALL AHABSE RESTOREN | OF STATE E.FLORID# |
|---|----------------|--------------------------------------|-----------------------|
| of ABOVE AND Beyond G/ (Name of Corporation) | | | |
| PO2000 88537, a corporation (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