## Paa00100a77

(Re	questor's Name)	
(Ad	dress)	
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(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
}		

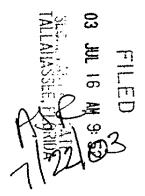
Office Use Only



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resegnation

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Best of Campus Inc. (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Juan M. Jehun
(Name of Person)
Sest of Campus, Inc. (Name of Firm/Company)
5450 Lyons Rd. Sufe 104 (Address)
Cocowt Creek FL, 33073 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (954, 937-5755)  (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

JULIAN
JOSI DELLA

(Name off Corporation)

(Document Number, if known)

FLOSI CA

(Document Number, if known)

## FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314