## P02000108314

(Re	equestor's Name)				
(Ad	ldress)				
(Ad	ldress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bı	ısiness Entity Nar	ne)			
(Do	ocument Number)				
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OFF. Resign.

## TRANSMITTAL LETTER

	Amendment ! Division of C					
SUBJE	CT:	FJD F	Dety (1	Two	HUNDRED ation)	INC
DOCUI	MENT NUM	IBER:	0 20	00/083	14	<del></del>
The enc	closed Officer	/Director Re	signation for	r a Corporation	and fee are submitted	for filing.
Please r	return all corr	espondence o	concerning t	his matter to th	e following:	
	MARGA	RET (Name of Po	BROENI erson)	UIMAN		
	(N	ame of Firm/	Company)			æ···
14	00 NE	14 <sup>ob</sup> A (Addres	KUE s)		e e	
H	Laur	ity/State and	333 Zip Code)	04		
For furt	ther informati	on concernin	ig this matte	r, please call:		
_m	ARBARE (Nam	BROEF e of Person)	UNIMINO	at ( <u>QS</u> Y (Area Code	288 - 4064 & Daytime Telephone	Number)
Enclose	ed is a check	for \$35.00 m	ade payable	to the Florida l	Department of State.	
Division P.O. Bo	g Address: ment Section n of Corporat ox 6327 ssee, FL 323		Amendı Divisior 409 E. C	Address: ment Section of Corporation Gaines Street ssee, FL 32399		

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, <u></u>	PATRICIA CORNELIUS, hereby resign as V. PRES SECT.	·
of	PJD FORM TWO HUNDRED FUC. (Name of Corporation)	,
Pp	2000) 08314, a corporation organized under the laws of the State of (Document Number, if known)	
	FLORIDA LAHAS	ok Nov
	SEE CO	IL ED
	Padricia Compleis (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