Po2000110561

| (Requestors 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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Office Use Only



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TRANSMITTAL LETTER

| SUBJECT: TIGGERS CUTTING, INC, (Name of Corporation) |
|---|
| (Name of Corporation) |
| DOCUMENT NUMBER: PO 2000 / 1056/ |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Haven Nix (Name of Person) |
| (Name of Person) |
| Withoux ; Associates, P.A. (Name of Firm/Company) |
| |
| 2770 S. Horseshie Dr. #7 |
| (Address) |
| NAPLES FZ 34104 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| (Name of Person) at (239) 434-58/8 (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 409 E. Gaines Street Tallahassee, FL 32399

Amendment Section Division of Corporations

TO:

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, BEN Boyd | _, hereby resign as | Direct | TOR (Title) | - |
|---|---------------------------|----------------|---------------------|-----|
| of TIGGERS CUTTING (Name of Corporal | TNC. | | , | |
| P02000 1056 a corpo (Document Number, if known) | oration organized und | er the laws of | the State of | |
| Frouda. | • | | • • | |
| B. O. (Signature of | resigning officer/directo | or) | 03 JUH 26 AM 10: 38 | T F |

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