| (Re                       | questor's Name)   |            |
|---------------------------|-------------------|------------|
| (Ada                      | dress)            |            |
| (Ad                       | dress)            |            |
| (Cit                      | y/State/Zip/Phone | #)         |
| PICK-UP                   | ☐ WAIT            | MAIL :     |
| (Bu                       | siness Entity Nam | ne)        |
| ··· (Do                   | cument Number)    | ; 4<br>; ; |
| Certified Copies          | _ Certificates    | of Status  |
| Special Instructions to I | Filing Officer:   | <u>(, </u> |
|                           |                   |            |
|                           |                   | ·          |
|                           |                   |            |



10/05/09--01009--013 \*\*35.00

## COVER LETTER

|                        | •              |                       |                 |  |
|------------------------|----------------|-----------------------|-----------------|--|
| SUBJECT: R             | 00             | INTERNO               | ational         | Inc                                    |
|                        | ,              | · (INa                | me of Corporati | ion)                                   |
| DOCUMENT NUM           | IBER: <u> </u> | OR 000 11             | 7759            |  |
| The enclosed Officer   | /Director R    | esignation for a      | Corporation a   | and fee are submitted for filing       |
| Please return all corr | espondence     | concerning this       | s matter to the | following:                             |
| PATELL                 | A Pe           | Person)               |                 |  |
| _ Aovance              | Iame of Firm   | includ Si<br>Company) | uc              |  |
| 7274 NU                | U 63           | way                   |                 |  |
|                        | (Addre         | ess)                  |                 |  |
| Paekland               | R              | 33067                 | ,               |  |
| (C                     | hty/State and  | l Zip Code)           |                 |  |
| For further informati  | on concerni    | ng this matter,       | please call:    |  |
| Pateicia               | Pol            | lari at               | (954)           | 255 3fH<br>& Daytime Telephone Number) |
| (Nam                   | e of Person)   |                       | (Area Code &    | k Daytime Telephone Number)            |
| Enclosed is a check t  | for \$35.00 n  | nade payable to       | the Florida Do  | epartment of State.                    |

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327

Tallahassee, FL 32314

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

**TO:** Amendment Section

**Division of Corporations** 

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I. <u>Suramya</u>                             | ATAPAITU   | _, hereby resign as_     | VICE           | Peesiden 7   | <u> </u> |
|---|--|--------------------------|----------------|--|----------|
| of <u>PO2 000 119</u> (Document Number, if kr | Internation (Name of Corporation 759 a corporation |                          | der the laws o |  | <u> </u> |
| FLORIDA                                       | <u>,                                     </u>      |                          |                |  |          |
| <u>(X)</u>                                    | (Signature of                                      | resigning officer/direct | or)            | 2009 OCT -5 AM 9: 12  SECRETARY OF STATE TALLAHASSEE, FLORIB |          |

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

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