

P02000122551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

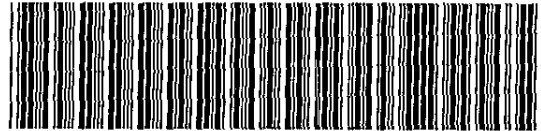
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900040824019

09/14/04--01039--004 **35.00

FILED
04 SEP 14 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O/D resig.

15

9/22

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SKylex Software, Inc.
(Name of Corporation)

DOCUMENT NUMBER: PO 2000122551

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chris Farrington
(Name of Person)

SKylex Software Inc
(Name of Firm/Company)

8001 SW 36th St #10
(Address)

DAVID FL 33328
(City/State and Zip Code)

For further information concerning this matter, please call:

Chris Farrington at (954) 474-7767
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
04 SEP 14 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Scott Cross, hereby resign as D/P
(Title)

of SKYLEX SOFTWARE Inc
(Name of Corporation)

PD2000122551, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Scott Cross
(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