(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Bu <b>s</b> iness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only
1988
1-10/11
Office Use Only  AMDIN 14  AMDIN 14

200042995982

12/27/04--01038--019 \*\*35.00

## TRANSMITTAL LETTER

SUBJECT:	Crystell, Inc. (Name of Corporation)
	(Name of Corporation)
DOCUMENT NUMBER:	P02000126650
The enclosed Officer/Director I	Resignation for a Corporation and fee are submitted for filing.
Please return all correspondenc	e concerning this matter to the following:
Clarence "C.B." Moo (Name of	
(Name of Fire	n/Company)
25245 Bunting Circl (Add	
Land O'Lakes, Florid (City/State ar	da 34639d Zip Code)
For further information concer	ning this matter, please call:
Clarence "C.B." Moo: (Name of Persor	at (813) 907-3841 (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

TO: Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Clarence	"C.B."	Moore		, hereby resign as_	Chief	Executive	Offic	er
							(Title)		
of	Crystell,	Inc.	(Nam	e of Corpor	ration)		<u> </u>		u)
P020	00126650 (Document Nu	mber, if kno	own)	a cor	poration organized un	der the la	ws of the Stat	e of	
Flor	ida						=-		
				(Signature	of resigning officer/direc	tor)	<i>IA</i>	<b>C</b>	
					FEE IS \$35.00		LAHASSÉE, FLORIDA	04 DEC 27 AN 8: 54	

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

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