## P03000015528

(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:	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
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(Document Number)  Certified Copies Certificates of Status	
Certified Copies Certificates of Status	(Business Entity Name)
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	(Document Number)
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
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Office Use Only



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## TRANSMITTAL LETTER

Division of Corporations	<del>- 1</del>
	lications INC - ne of Corporation)
DOCUMENT NUMBER: PO3000	015528
The enclosed Officer/Director Resignation for a	Corporation and fee are submitted for filing
Please return all correspondence concerning this	matter to the following:
Brian Manna (Name of Person)	
(Name of Person)  EXCEL Publication (Name of Firm/Company)	·
1925 N.E 45" Sonte 230 (Address)	7
F1. La vd. FL 33. (City/State and Zip Code)	308
For further information concerning this matter, p	lease call:
Name of Person) at (	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to t	he 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

I, _	Brian Manna, hereby resign as Flour	SUSER (Title)	
of_	Excel Publitations INC (Name of Corporation)		,
	10 30000 15538, a corporation organized under the laws of (Document Number, if known)	of the State of	
	Florida :	03 SEC TALL	
		DCT 14	
	But to	= = = = = = = = = = = = = = = = = = =	
	(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