

P03000023731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

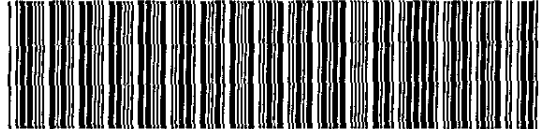
(Business Entity Name)

(Document Number)

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03 DEC 19 PM 12:31  
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TALAMON

Off Resign  
T. Lewis 12/29/03

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: C/C designs, Opticians, Inc  
(Name of Corporation)

DOCUMENT NUMBER: PA3000023731

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

Please return all correspondence concerning this matter to the following:

DARRELL MARTIN  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

8347 Garden Gate Pl  
(Address)

Box 2400 FL 33433  
(City/State and Zip Code)

For further information concerning this matter, please call:

DARRELL MARTIN at ( 954 ) 605-8049  
(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  
03 DEC 19 PM 12:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, DARRIL MARTIN, hereby resign as SEE/Trca  
(Title)

of O/C design optics, Inc.  
(Name of Corporation)

P03000023731, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Darril Martin  
(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