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SECRETARY OF STATE.
TALLAHSSSTF FINIE.

officer Resignation

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TRANSMITTAL LETTER

SUBJECT: New York Connection, Inc. (Name of Corporation)
DOCUMENT NUMBER: PO300024057
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Darla L Phillips (Name of Person)
MBCE, Onc. (Name of Firm/Company)
3910 S. Pine av Ste B
Ocala St 34480 (City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (352) 207-9902 (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

TO:

Amendment Section Division of Corporations

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

(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