P0300024148

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	≥ #)
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COVER LETTER

TO: Amendment Section Division of Corporations

REM IV Name of Corporation SUBJECT: P0300024148 **DOCUMENT NUMBER:**

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

Please return all correspondence concerning this matter to the following:

Name of Person) AGEN HEiM (Name of Firm/Company) ZEPHIN LILY PLACE (Address) PALVI COAST FL32164 (City/Stale and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (813) 567 1500 (Area Code & Daytime Telephone Number)

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

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Mailing Address:

Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

DIDIER DEVOILON RE , hereby resign as I, _ JETYTREM, (Name of Corporation) Inc of_1 <u>PO300024148</u>, a corporation organized under the laws of the State of (Document Number, if known) FLORIDA 30 DEC 27 AHASSEE, AM 8: 19 ç (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