P03000032555

(Requ	estor's Name)	
(Addr	ess)	
(8.1.1.		·
(Addr	ess)	
(City/s	State/Zip/Phone	#)
PłCK-UP	WAIT .	MAIL
(Busin	ness Entity Nam	e)
(Docu	iment Number)	
Certified Copies	Certificates	of Status
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SEGRETARYOF STATE
TALLAHASSEE: FLORIDA

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

. hereby resign as	Officer	
	(Title)	
Y		
tion)		
oration organized un	der the laws of the State of	
	, hereby resign as Y tion) oration organized un	

(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

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SEGRETARY-OF-STATE