10300039749

(Re	equestor's Name)	
(Ac	idress)	<u> </u>
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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Amendment Section Division of Corporations

TO:

	(Name of Corporation)
DOCUMENT N	UMBER: P0300039749
The enclosed Off	icer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all	correspondence concerning this matter to the following:
BRETT	EPSTEIN
•	(Name of Person)
	r
	(Name of Firm/Company)
20423	STATE ROAD 7# F6-268
	(Address)
BOCA NA	ATON/FL 33498
	(City/State and Zip Code)
For further inforn	nation concerning this matter, please call:
BRETT	Name of Person) at (954) 415- 8229 (Area Code & Daytime Telephone Number)
()	Name of Person) (Area Code & Daytime Telephone Number)

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

CR2E044(08/05)

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION OF JUN 14 PM 3: 18

SECRETARY OF STATE TALLAHASSEE, FLORIDA

I,	BRETT E	OSTEIR	J	, hereby res	sign as	ICE PR	(Title)	T + DINECTUR
of	CLIPPER	CU RPO n			5L+	pnomo	TEUN	CORPURATEOR
P	0300039 (Document Number, if k	<u> </u>	, a corp	poration organ	ized under	the laws	of the State	of
	ELUNTU A		- •					

(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