P0300045587

(Re	equestor's Name)	
(Ac	dress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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Off Resign

11/07/05--01029--026 **157.50

SEGNETASSEE, FLORIES

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Widgeon Newstments INC (Name of Corporation)
DOCUMENT NUMBER: P030000 455 87
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Noneen Scaroca (Name of Person) Nonmance None of Firm/Company) 21421 Widgeon Tenrace (Address)
FONT Myens Deach H 33931 (City/State and Zip Code)
For further information concerning this matter, please call: More of Person
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

I, Noneen SCANOLA, hereby resign as

of Widgeon Nuestments

(Name of Corporation)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Title)

FILED

(Signature of resigning officer/director)

____, a corporation organized under the laws of the State of

(as of 9/30/05)

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