## 10300053395

(Re	equestor's Name)	
(Address)		
(Address)		
(Ci	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
		:

Office Use Only



100080302141

10/02/06--01033--017 \*\*35.00

06 OCT -2 AMIO: 25
SEURETARY OF STATE

Ps 10/2/05 O/sles.

## **COVER LETTER**

SUBJECT: Victory Bedding INC (Name of Corporation)
DOCUMENT NUMBER: PO 30000 53 39 3
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MIGUEL A RAMOS (Name of Person)
Uictory Bedding INC (Name of Firm/Company)
1615 George Jenkins Bluy (Address)
City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (40) 340-3751 (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

Amendment Section Division of Corporations

TO:

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

06 OCT -2 AM 10: 25

TALLAHASSEE, FLORIDA

I, MIGUEL A RAMOS, hereby resign as the Asury
(Tiue)
of Victory Bedding INC. (Name of Corporation)
PO3000 53395 , a corporation organized under the laws of the State of (Document Number, if known)
Florida.
Mixed & Rampa
(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