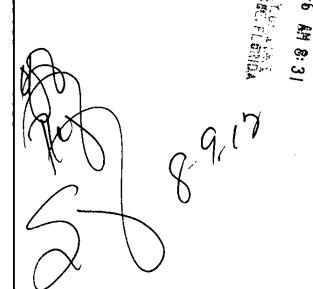
P0300054422

(Rec	questors Name)	
(Add	dress)	·
(Add	dress)	
(City	//State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Name)	
(Dod	cument Number)	.
Certified Copies	Certificates of	Status
Special Instructions to F	Filing Officer:	
	Office Use Only	



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08/06/12--01049--029 **35.00



COVER LETTER

·
SUBJECT: The Estate Department, Inc (Name of Corporation)
(Name of Corporation)
DOCUMENT NUMBER: PO300054422
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Crystal Larsen (Name of Person)
(Name of Person)
The Estate Department, Inc
(Name of Firm/Company)
7775 Glades Rd/Suite 200
Boca Raton FC 33434 (City/State and Zip Code)
For further information concerning this matter, please call: Andrew Kravit (541) 703 9342 Cystal Larsen at (5761) 482 1002 (Name of Person) (Area Code & Daytime Telephone Number)

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

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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Ι,	Andrew	Kravit	, hereby resign as_	Preside	n+	_
of			Departme	(11	(ic)	,
Po	03000544 (Document Number, if Florida	, 4 001	poration organized un	der the laws of the	State of	
			1. Ma	e au L	22 1942	
		(Signature	of resigning officer/direct	tor)	2812 AUG - 6 AM	

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314