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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: ARBY IN (Name of Corporation)
DOCUMENT NUMBER: WO300014938
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
OANO S. SONS (Name of Person)
(Name of Firm/Company)
(Address)
HAKE HAMILTON FL. 33851 (City/State and Zip Code)
For further information concerning this matter, please call:
DANO S. SONS at (SG) 439. 9755 (Name of Person) at (SG) 439. 9755 (Area Code & Daytime Telephone Number)

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Carlot No.

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Լ	LARRY	MITCH	eu_	_, hereby resign as_	PResió	(Title)		
of_	A	•	INC of Corporati	ion)	<u> </u>	<u>. </u>		
`1	(Document Number	() <u>5860</u> () () () () () () () () () () () () () (_, a corpo	ration organized und	ler the laws of	the State	of	
	FLORIDA	<u></u>	1.4.			. •		
	\)an	Signature of	resigning officer/director	or)	SECRETARY O TALLAHASSEE	03 NOV -3 P	FILED
		:	FILING F	EE IS \$35.00		FI CRID	PH 3: 04	_

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

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