

P03000062834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

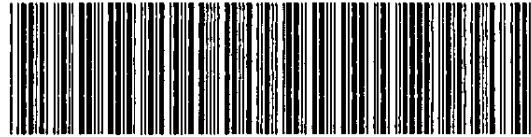
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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3211

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NO NONSENSE INC
(Name of Corporation)

DOCUMENT NUMBER: PO3000062834

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DEBORAH DOWECK
(Name of Person)

NO NONSENSE INC
(Name of Firm/Company)

7921 FISHER ISLAND DR
(Address)

MIAMI FL 33109
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL FLACKS at (786) 554 8589
(Name of Person) (Area Code & Daytime Telephone Number)

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

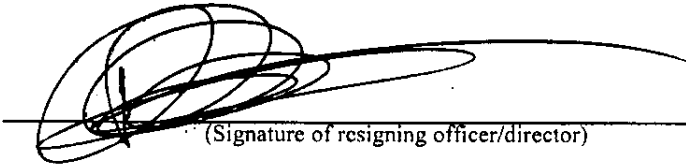
Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, DEBORAH DOWECK, hereby resign as DIRECTOR
(Title)
of NO NONSENSE INC
(Name of Corporation)

_____, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA


(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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