

PD3000070834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

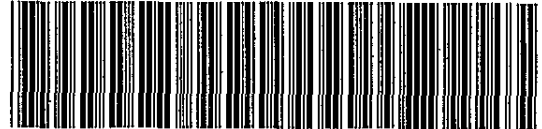
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EXTREMEGO, INC.

(Name of Corporation)

DOCUMENT NUMBER: P03000070834

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

Please return all correspondence concerning this matter to the following:

SIMMONS, HOWARD E JR

(Name of Person)

EXTREMEGO, INC.

(Name of Firm/Company)

1325 BEECHWOOD DR

(Address)

SAINT CLOUD FL 34772

(City/State and Zip Code)

For further information concerning this matter, please call:

Victor Sochocki

(Name of Person)

at (407) 3190154

(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

Street Address:

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

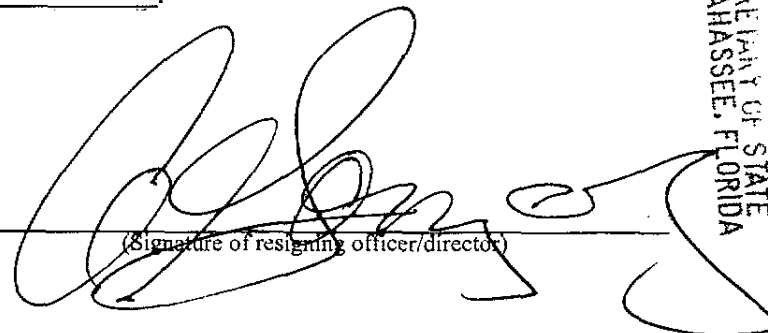
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Armando Gonzalez, hereby resign as Director
(Title)

of EXTREMEGO, INC.
(Name of Corporation)

P03000070834
(Document Number, if known), a corporation organized under the laws of the State of

Florida


(Signature of resigning officer/director)

04 JUN - 1 AM 10:06
STATE
TALLAHASSEE, FLORIDA

FILED

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