## 3000078056

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	<b>⇒#</b> )
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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## TRANSMITTAL LETTER

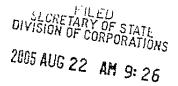
**TO:** Amendment Section Division of Corporations

SUBJECT: MORGAN, CRO	OWE & ASSOCIATES, INC		
DCB02011	(Name of Corpora	ation)	ing:
DOCUMENT NUMBER:	<u></u>	The state of the s	
The enclosed Officer/Director	Resignation for a Corporation	and fee are submitted for filing.	) 1 192 <b>년</b> 年
Please return all correspondence	e concerning this matter to th	e following:	
Walter S. Morgan			
(Name o	Person)	THE THE PROPERTY OF THE PROPER	. L. Squi
Morgan, Crowe & Associat	es, Inc. m/Company)	. Ale the second se	
21245 S. Buckhill Rd.			
(Add	ress)	- Table 1 (1997) - 1997 - 19	- বেছ গ্র
Clermont, Fl. 34715			
(City/State as	nd Zip Code)	The second of th	_ ° negra
For further information concer	ning this matter, please call:		
Walter S. Morgan	at ( 407	948-5467 & Daytime Telephone Number)	
(Name of Person	(Area Code	& Daytime Telephone Number)	, ,
Enclosed is a check for \$35.00	made payable to the Florida I	Department of State.	
Mailing Address	Street Address:		

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. Tony Crowe	, hereby resign as President/Secretary
	(Title)
of MORGAN, CROWE & ASS	SOCIATES, INC.
	ame of Corporation)
(Document Number, if known)	, a corporation organized under the laws of the State of
Florida	•
	The state of the s

FILING FEE IS \$35.00

Signature of resigning officer/director)

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

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