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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		**
SUBJECT: An Independent Wa	ay, INC.	
	(Name of Corporation)	* · · · · · · · · · · · · · · · · · · ·
DOCUMENT NUMBER:	03000081454	
The enclosed Officer/Director Resignation	gnation for a Corporation and fee are submitted for filir	ng.
Please return all correspondence co	oncerning this matter to the following:	
Barbara Nagy		_ _
(Name of Pers	son)	
An Independent Way, Inc.	ompany)	e e vez e
870 N. Cocoa Blvd, Suite A		
(Address)		
Cocoa, FL 32922	<u> </u>	
(City/State and Zi	p Code)	
For further information concerning	this matter, please call:	
Barbara Nagy	at (321-) 432-9048	- د پښار در پ
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for \$35.00 mad	le 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

L Miriam Swanson	, hereby resign as_	Vice President/Treasurer		
		(1	itle)	
of An Independent Way, Inc.		· · · -		
(Name of	Corporation)	<u>.</u>		
(Document Number, if known)	a corporation organized un	der the laws of th	e State of	
Florida				
	·	•	. 4.0.2.00	•
Mh-ul (Sig	mature of resigning officer/direc	tor)	e save	•
			O3 AUG - I	-
fil	LING FEE IS \$35.00			
			HE E I	
Make checks payable to	Florida Department of S	tate and mail to		- :

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