P03000091801

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)	-				
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporation	ons		
SUBJECT:	OPALTON (Na	SE 1No	<u>C</u>
DOCUMENT NUMBER:_	P. 03	<u> </u>	1801
The enclosed Officer/Director	r Resignation for a	Corporation and	d fee are submitted for filing.
Please return all corresponder	ice concerning this	s matter to the fo	ollowing:
MATTHEW (Name	BGRNAS of Person)	CONI	
OPA LT (Name of Fr	ONE IN (Im/Company)	<u> </u>	
7407 BEAC	idress)	LU	
CHARLOTTE, (City/State)	NC 28 and Zip Code)	1270	
For further information conce	erning this matter,	please call:	
MATTHEW BER	NASCONI _{at}	(70 f) (Area Code &	3645562 Daytime Telephone Number)
Enclosed is a check for \$35.0	0 made pavable to	the Florida Der	eartment of State.

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

CR2E044(11/02)

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

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

O4 AUG 23 AM 9:54
ALLAHASSEE, FLORIDA PATRICK ALLEN , hereby resign as OPALTONE, INC.
(Name of Corporation) P 0300091801 a corporation organized under the laws of the State of (Document Number, if known) FLORIDA____

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