(Requestor's Name)		
(Address)		
(Address)		
(City(Ctobs Tin City on a 40		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		



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officer Resignation

Office Use Only

T BROWN JUN 1 3 2005

## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: BEB Shurstment & Management Strup, lac. (Name of Corporation)
DOCUMENT NUMBER: PO 3000095230
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Daniele Paridon (Name of Person)
(Name of Firm/Company)
5000 Hollywood Divd. (Address)
Holly Wood (FL 3302) (City/State and Zip Code)
For further information concerning this matter, please call:
Daniele (Totolen at (954) 303 - 2888 (Name of Person) (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, <u>Daniele</u>	Gordon	, hereby resign as <u>Vice President</u> (Title)
of BEB.	Ou a standard	# YO + #1 + O + P + O
of BEB.	(Nar	me of Corporation)
Po300095 (Document N	22.30 lumber, if known)	a corporation organized under the laws of the State of
Flori da		
	•	
	Dave	(Signature of resigning officer/director)

## 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