P03000101352

(Re	questor's Name)	
(Ad	dress)	<u></u>
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(Ad	dress)	
(Cit	ty/State/Zip/Phone	:#)
PICK-UP	WAIT	MAIL
	ain and Entite Man	<u> </u>
(Bu	siness Entity Nam	i e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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TRANSMITTAL LETTER

	mendment Section ivision of Corporations
SUBJEC	T: Stim Logix, Inc.
	(Name of Corporation)
DOCUM	ENT NUMBER: P03000101352
The enclo	sed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please ret	turn all correspondence concerning this matter to the following:
Howard	i Heilman
	(Name of Person)
Stim Lo	gix, Inc.
	(Name of Firm/Company)
PO Box	970233
	(Address)
Coconu	it Creek, FL 33097
	(City/State and Zip Code)
For further	er information concerning this matter, please call:
Howard	Hellman at (954) 232-5528 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed or \$35.00	is a check made payable to the Florida Department of State for \$87.50 for an active corporation for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Division of P.O. Box	ent Section Amendment Section of Corporations Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Howard Hellman	, hereby resign as D		
·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Title)	
of Stim Logix, Inc.			·,
(Na	arne of Corporation)		
P03000101352 (Document Number, if known)	, a corporation organized under the law	's of the State	of
Florida	·		
	(Signature of resigning officer/director)		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