P03000102692

((Requestor's Name)					
	(Address)					
	(Address)	_				
	(City/State/Zip/Phone #)					
PICK-UF	P WAIT MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of Status	_				
Special Instructions	s to Filing Officer:					

Office Use Only



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Off. Resign.

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Multimobile (Name of Corporation) DOCUMENT NUMBER: PO 3000 102 to 97.
DOCUMENT NUMBER: VO SOOU 102 to 17.
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Sharon Sabotik (Name of Person)
(Name of Firm/Company)
3338 US Hun 19 North
Holida, Fl. 3469) (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (727) 845-1600 (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,	Sharon Si	bottok	, hereby resign	as Presid	(Title)	
of	Mult	Name of Corpora	i) e			 ',
PA	3000102492 Document Number, if know	, a corp	oration organize	d under the laws	of the State of	
	Fl	•	=	· -		
					TATE ATT.	Fh 05 MAR 24
		Elizion Se (Signature	of resigning officer/	director)	ARY OF	FILED R 24 PM
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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