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ALLAHASSEE EI DON

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Nonlaws Solutions, Inc. (Name of Corporation)
DOCUMENT NUMBER: CONSONO 2
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person)
(Name of Firm/Company)
41 NE 55th Street (Address)
FT. Lauk dale FL 33334 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (954) 489-9498 (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

, Elaine or Nonlau	(Name of Corporat	_, hereby resign a	os VICE 1	RESUL (Title)	<u>E</u> 1
Document Number, if know	943 (-a corpo	oration organized (under the laws of	the State of	
Florida				-	
	(Signiture of	resigning officer/dire	ector)	04 JUL -1 PM SECRETARY OF TALLAHASSEE,	FILED
	FILING F	EE IS \$35.00		FLOR FLOR	

Make checks payable to Florida Department of State and mail to:

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