P03000109429

(Re	equestor's Name)	
,	,	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
•	·	•
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECREPARY OF STATE

CRM 10-9-14

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: METROWAVE COMMUNICATIONS INC (Name of Corporation)
DOCUMENT NUMBER: <u>PO3000109429</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
COLIN C. CA VE (Name of Person) (Name of Firm/Company)
(Name of Firm/Company) 320 NE 69 CIRCLE (Address) BOCA RATON FLORINA 33487 (City/State and Zip Code)
For further information concerning this matter, please call:
COLIN CAVE at (954) 495 2032 (Name of Person) (Area Code & Daytime Telephone Number) 0 561 989 44 26 CELL
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

•	DIRECTOR AND OFFICER
I, <u>COLIN C CAVE</u> , hereby resign as	T. D AND CFO
of METROWAVE COMMUNICATION (Name of Corporation)	15 /NC.
(Document Number, if known), a corporation organized under	
FLORIDA	
Colin Goe	
(Signature of resigning officer/director)	EURE JAWASSI
FILING FEE IS \$35.00	STATE TORNOA

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

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