## P03000115664

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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Special Instructions to	Elling Officer	
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## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: N# I Conp (Name of Corporation)
DOCUMENT NUMBER: PO 300011 5664
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
/GNAZIO SMFRALDA (Name of Person)
(Name of Person)
N+I Corp.
(Name of Firm/Company)
1220 ALDERWOOD Dr. (Address)
Sand-sor4, Ft. 34243 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
/6NAZIO SWOWLDA at 941 704-9347 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

TO:

Amendment Section

## QFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	16NAZ10	SMERALDA	, hereby resign as	(Title)	
of	N+	I CORP.  (Name of Corp.	noration)		_,,
	Po 300011	5664acc	orporation organized under	the laws of the State of	
	FLORIDA	·			
	7	Signatur	re of resigning officer/director)	05 JUL -5 AM II: III; SECRE JAN EE, FLORIE TALLAHASSEE, FLORIE	ガーに回り

## 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