P03000134733

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Ĉi	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
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Off Resign

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COVER LETTER

SUBJECT: WEDA CORPORATION (Name of Corporation)
DOCUMENT NUMBER: PO3000134733
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
THOMAS R. DUBAIL (Name of Person)
(Name of Person)
·
(Name of Firm/Company)
2714 THOMAS ST (Address)
(Address)
HOLLYWOOD, FL 33020 (City/State and Zip Code)
For further information concerning this matter, please call:
THOMAS R. DUBAIL at (2584) 925-4340 (Name of Person) (Area Code & Daytime Telephone Number)
For further information concerning this matter, please call:

TO:

Amendment Section Division of Corporations

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

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

2007 JAN 42 AM 11: 06

SECRETARY OF STATE TALLAHASSEE, FLORIDA

I, THOMAS R. DUBA	, hereby resign as DIRECTOR (Title)
of WEDA, CORPORI	47/0~ e of Corporation)
P03000/34733 (Document Number, if known)	a corporation organized under the laws of the State of
FLORIDA	<u></u> .

(Signature of resigning officer/director)

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