

P03600137177

(Re	equestor's Name)	,
(Ad	dress)	. ****
(Ad	dress)	
(Cit	y/State/Zip/Phone	<u></u>
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	***
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only

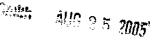


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05 AUG 22 AM II: 2,
SECRETARY OF STATE
TALLAHASSEF F. STATE





OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, hereby resign as OFFICER	
(Title)	
CAL, Inc	
poration)	
corporation organized under the laws of the State of	
0	

FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

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