P03000148863

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700042489397

12/16/04--01013--001 **35.00



0/17 resig. 98 12/21

TRANSMITTAL LETTER

SUBJECT: Thibado + Associates, Inc. (Name of Corporation)
DOCUMENT NUMBER: 7 03000148863
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Theresa A. Bernzott (Name of Person)
Thibado + Associates Inc (Name of Firm/Company)
P. D. BOX 704 (Address)
Crystal River, F1. 34423 (City/State and Zip Code)
For further information concerning this matter, please call:
Theresa A. Bernzott at (352) 208-0634 (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

Amendment Section Division of Corporations

TO:

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

FILED 04 DEC 16 AM 8:59

OFFICER / DIRECTOR RESIGNATION SECRETARY OF STATE TALLAHASSEE, FLORIDA

i, Theresa A.Ber	wzott, hereby resign as Vice President
of Thibado	+ Associates, Inc.
P03000148863 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	

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