## P03000149550

(Requestor's Name)
(Address)
` ,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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7 APR 23 AM 8: 2:
SECNETARY OF STATE
AND ANASSEE, FLORID





## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 9, 2007

Max Mazraeh Surna Group 874 Bentley Green Circle Winter Springs, FL 32708

SUBJECT: SURNA GROUP, INC. Ref. Number: P03000149550

We have received your document for SURNA GROUP, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The fee to resign as officer/director for a corporation is \$35 per person resigning.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne Senior Section Administrator

Letter Number: 807A00023841

O7 APR 23 AM 8: 00

## **COVER LETTER**

8 8 W

Amendment Section

Division of Corporations

TO:

DOCUMENT NUMBER:		
The enclosed Officer/Director Resignation for a Corporation and fee are submitted	d for filing.	
Please return all correspondence concerning this matter to the following:		
MAX MAZRAEH		
(Name of Person)		
SULNA GROUP		
(Name of Firm/Company)	<u></u>	07
874 BENTLEY GREEN CIRCLE (Address)		APR-4
(Address)	0F C	1
WINTER SPRINGS, FL. 32708 (City/State and Zip Code)	RELIVEDAND TO NOTE:	APR -4 AM 8:1
For further information concerning this matter, please call:	10	8: 00

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

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

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

## **ÖFFICER / DIRECTOR RESIGNATION FOR A CORPORATION**

Y'.....

I, MAX MAZRAEH	, hereby resign as	VICE	PRESIDENT
***************************************			(Title)
of SURNA GROUP, INC			
(Name of Corp	oration)		
(Document Number, if known) , a co	orporation organized und	er the laws	s of the State of
FLORIDA			
,			TAIS: 9
I h	lan-		FILE APR 23 CKLIAKI
(Signatur	e of resigning officer/director	r)	FILE APR 23 ALLAGO D ALLAGO D
			FIS & O
			8: 29 IATE ORIDA

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