## P03000150425

(R	equestor's Name)	)		
(Address)				
(Ac	ddress)			
(C	ity/State/Zip/Phon	e #)		
PICK-UP	TIAW [	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJ	JECT: wouda inc (Name of Corporation)	
	(Name of Corporation)	•
DOC	UMENT NUMBER:	_
The en	enclosed Officer/Director Resignation for a Corporation and fee are submitted for fili	ng
Please	e return all correspondence concerning this matter to the following:	
haro	old wouda	
	(Name of Person)	
wou	da inc	
	(Name of Firm/Company)	
4841	1 north powers drive	
	(Address)	
orian	ndo,florida 32818	
	(City/State and Zip Code)	
For fu	orther information concerning this matter, please call:	
harol	d wouda at ( 407 ) 523-9098  (Name of Person) (Area Code & Daytime Telephone Number	
	(Name of Person) (Area Code & Daytime Telephone Number	)
Enclos	sed is a check for \$35.00 made payable to the Florida Department of State.	
Ameno Division Clifton 2661 E	Mailing Address:  dment Section on of Corporations n Building Executive Center Circle assee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314	

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, vantile cammeron $\rightarrow \mathbb{N}_{i}$	, hereby resign as vice-president	
	(Title)	
of_wouda,inc.		,
(Name of Corp	poration)	
(Document Number, if known), a co	corporation organized under the laws of the State of	of
florida		
	ame (on ).  The of resigning officer/director)	PHERETARY OF 2: 0

FILING FEE IS \$35.00

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

Amendment Section 3
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314