PD400002188

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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TO A SECTION AND A SECTION AND



COVER LETTER

7001	
SUBJECT: Kan teat In (Name of Corporation)	ation)
DOCUMENT NUMBER: PO40000	22188
The enclosed Officer/Director Resignation for a Corporation	and fee are submitted for filing.
Please return all correspondence concerning this matter to the	e following:
Lisa Hudec (Name of Person)	J. Soneet Kapila Hapila 3 (0 1000 S. Federal Holius
	Hapila 3(0
(Name of Firm/Company)	1000 S. Federal Hylina
Sago Ct (Address)	Suite 200
Proles FL 34119	Fr. Louderdole, Fl
(City/State and Zip Code)	33316
For further information concerning this matter, please call:	
Lisa Hider at 239	961.1611
(Name of Person) (Area Code	e & 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Lisa H	Hudec	, hereby resign as	Presclent (Title)	Secretary?
of Ras	(Name of Corpo	ration)		Director
(Document Number	n, if known)	poration organized u	nder the laws of the Sta	ite of
1 (0110)				

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