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| (Requestor's Name) | | | |
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| PICK-UP | ☐ WAIT | MAIL | |
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| Certified Copies | _ Certificates | of Status | |
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| Special Instructions to Filing Officer: | | | |
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TRANSMITTAL LETTER

| TO: | Amendment Section Division of Corporations |
|----------------------|---|
| SUB | JECT: The West Pointe Group, Inc. |
| | (Name of Corporation) |
| DOC | CUMENT NUMBER: PO400002233 |
| The | enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Pleas | se return all correspondence concerning this matter to the following: |
| Mic | hael Kellerman |
| | (Name of Person) |
| The | e West Pointe Group Inc. |
| | (Name of Firm/Company) |
| 202 | 283 US 441 Suite 300 |
| | (Address) |
| Boo | ca Raton Fl 33498 |
| | (City/State and Zip Code) |
| For f | further information concerning this matter, please call: |
| Mich | (Name of Person) at (561) 482-9444 (Area Code & Daytime Telephone Number) |
| | (Name of Person) (Area Code & Day time Telephone Number) |
| Encl | osed is a check for \$35.00 made payable to the Florida Department of State. |
| Ame Divis P.O. | ing Address: Indirect Section Sion of Corporations Box 6327 Hassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, Michael Kellerman | , hereby resign as_ | President and Secretary (Title) |
|---|---------------------------------------|---|
| of Michael Kellerman, Inc. | of Corporation) | |
| PO400002233 (Document Number, if known) | _, a corporation organized un | der the laws of the State of |
| Florida | Signature of resigning officer/direct | OS FEB 11 AM 8: 22 RALLAHASSEE. FLORIB |

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