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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

Division of Corporations
SUBJECT: TECH ORDS (NC. (Name of Corporation) DOCUMENT NUMBER: POYO 0000613/
DOCUMENT NUMBER: POYOOOO 613/
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Marvin Cintron
Marvin Cintron (Name of Person)
& Techlords Inc.
(Name of Firm/Company)
2054 Palm Beach Cakes Blud
(Address) West Polm Beach, Fl 33409 (City/State and Zip Code)
For further information concerning this matter, please call:
Marvin Cintron at (561) 686-9881 (Name of Person) at (561) 686-9881 (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 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



January 11, 2006

MARVIN CLINTRON TECHLORDS INC. 2054 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409

SUBJECT: TECHLORDS INC. Ref. Number: P04000006131

We have received your document for TECHLORDS INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Our records show the officer resigning as BLANCA RORKE with the title of Vice-President. Please see the enclosed printout and correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 006A00002023

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

* *	(Title)
	e of Corporation)
1000006131	a corporation organized under the laws of the State of
1001010	·

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