PD4000009205

(Requesta	or's Name)
(Address)	
(Address)	·····
(City/State	e/Zip/Phone #)
	WAIT 🔲 MAIL
(Business	Entity Name)
(Documer	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing (Officer:
Offic	ce Use Only
	22/Die 12319

N RO



06/29/04--01045--005 **35.00

FILED 04 JUN 29 AM 10: 11

TRANSMITTAL LETTER

-

*

TO: Amendment Section Division of Corporations

.

.

•

SUBJECT: Nightlife Authority, Inc.	.	17 17
(Name of Corporation)		
DOCUMENT NUMBER: P0400009205	1 FER.	
The enclosed Officer/Director Resignation for a Corporation and	fee are submitted for filing.	
Please return all correspondence concerning this matter to the foll	owing:	
Robert J. Friezo (Name of Person)		
(Name of Person)		
Nightlife Authority, Inc.	and the second second second	, <u>, , , , , , , , , , , , , , , , , , </u>
(Name of Firm/Company)		
2624 NW 4th Ave		* · · · · · · · · · · · · · · · · · · ·
(Address)		
Gainesville, FL 32607		- * · · · ·
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Robert J. Friezo at (727) 64	1-7555 aytime Telephone Number)	· · · · · ·
(Name of Person) (Area Code & D	aytime Telephone Number)	
Enclosed is a check for \$35.00 made payable to the Florida Depar	tment of State.	
Mailing Address: Street Address:		u = 47

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

~

,

٠

r

.

I. Boris Grinkot	_, hereby resign as
	(Title)
of_Nightlife Authority, Inc.	
(Name of Corporation	ion)
P04000009205 (Document Number, if known), a corpo	ration organized under the laws of the State of
Florida	AFASSEE
	resigning officer/director)

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