PD4000013024

| (Re | equestor's Name) | <u> </u> |
|-------------------------|--------------------|-------------|
| (Ad | dress) | |
| (Ad | ldress) | <u></u> |
| (Ci | ty/State/Zip/Phone | • #) |
| PICK-UP | | MAIL |
| (Bu | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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| <u> </u> | Office Use On | ily |



04.05/04--01029--006 **35.00

FILED 04 APR-5 PH 2: 25



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

70 R **SUBJECT:** (Name of Corporation) 302 **DOCUMENT NUMBER:**

The enclosed Officer Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SONE ACTOR UNE (Name of Firm/Company 34, SUITE 112 2636 W. SR 4 (Address) <u>City/State and Zip Code</u> 327

For further information concerning this matter, please call:

(Name of Person) at (407) 619-8138 (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

I, <u>LISA HESELIUS</u>, hereby resign as of <u>FACTOR ONE</u> <u>ENC</u>. (Name of Corporation) PRESIDENT (Tille) $\frac{p_{0400013024}}{(\text{Document Number, if known})}$, a corporation organized under the laws of the State of FLORIDA

(Signature of 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