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| Special Instructions to | Filing Officer: | ł |
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SCCRETARY OF STATE ALL AHASSEE, FLORIDA

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COVER LETTER

| SUBJECT: TRIK, Zic (Name of Corporation | |
|---|--|
| DOCUMENT NUMBER: POYOOO 19 | |
| The enclosed Officer/Director Resignation for a Corporation and | d fee are submitted for filing. |
| Please return all correspondence concerning this matter to the fo | ollowing: |
| (Name of Person) | e de Santo de Companyo |
| Anthony T Perrotta Sr | La San Le de la companya de la compa |
| 1672 Kauai C+ (Address) | |
| Gulf Breeze FC 32563 (City/State and Zip Code) | en e |
| For further information concerning this matter, please call: | |
| Anthony J Perro Ha at (850) (Name of Person) (Area Code & | 324-2638 Daytime Telephone Number) |

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Amendment Section Division of Corporations

TO:

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

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, James K | Mikul. | hereby resign as_ | Presid | <u>de 17</u> Title) | £ | |
|---------------------------|--------------------------------|-------------------------|-------------------|------------------------|--------------------|-------|
| of TRJK, | (Name of Corporation | 1) | | | | , · |
| (Document Number, if know | 669, a corpora | tion organized und | ler the laws of t | he State (| of | - |
| | | w. | | <u>ئ ﴿</u> | 0 | |
| | Janes K Mk (Signature of re | isigning officer/direct | or) | ECRETARY OF STATI | 15 JAN 17 AM 9: 21 | FILED |

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