

P04DDDDO 24/65

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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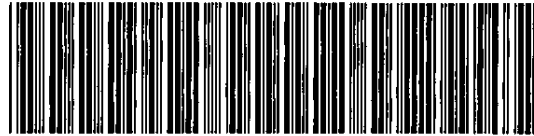
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts JUN 11 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CM RUSS DEVELOPMENT CORP
(Name of Corporation)

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:

CLIFFORD RUSS
(Name of Person)

CM RUSS DEVELOPMENT CORP
(Name of Firm/Company)

19 BRIGHTON CT
(Address)

PALM BEACH GARDENS, FL. 33418
(City/State and Zip Code)

For further information concerning this matter, please call:

CLIFFORD RUSS at (561) 795-6922
(Name of Person) (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
07 JUN -5 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, CLIFFORD RUSS, hereby resign as P S T
(Title)

of CM RUSS DEVELOPMENT CORP
(Name of Corporation)

_____, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

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07 JUN -5 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Clifford Russ
(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