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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Document Number)		
Certified Copies	_ Certificates	of Status
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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: ART SIGNS 174C/NC INC. (Name of Corporation)
DOCUMENT NUMBER: PO 40000 241 85
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
DAVID WHIDDEN (Name of Person)
Ant SIGNS PACING— (Name of Firm/Company)
7024 SEWAND PR (Address)
PORT CICITY FI 3UBGE (City/State and Zip Code)
For further information concerning this matter, please call:
TENNI WITHE at (72) 862-5125 (Name of Person) (Area Code & Daytime Telephone Number)

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

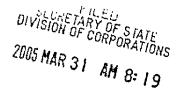
Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Amendment Section

TO:

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I, DAVIN WHIDDEN, hereby resign as OFFICER DIRECTO
of ANT SIGNS MCCLWG INC, (Name of Corporation)
PO 40 000 24185, a corporation organized under the laws of the State of (Document Number, if known)
FLORIOA.
Marie Alastar (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