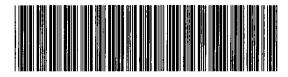
## POY0000 35363

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: OA GOOD ZNC. (Name of Corporation)
DOCUMENT NUMBER: PO4 0000 35363
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
SANDRA SALAMEN (Name of Person)
(Name of Person)  OA DOO 2NC.  (Name of Firm/Company)
1
2500 Nw 103 St. (Address)
Mirmi 9 33147.  (City/State and Zip Code)
For further information concerning this matter, please call:
SANDIA Salameh at (954) 830 2944 (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
Post Office 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

I, SANDRA SALAMEL, hereby resign as_	President.
of OA Good / Inc. (Name of Corporation)	,
Po400035363 , a corporation organized und	er the laws of the State of
Houds.	

## 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

