P04000038340

(Requ	estor's Name)	
	,	
(Addre	ess)	
(Addre	∌ SS)	
(City/S	State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL.
4.		
(Busir	ness Entity Na	me) - T
(Docu	ment Number)	<u></u>
Certified Copies	Certificate	s of Status
•		
Special Instructions to Fil	ing Officer:	

Office Use Only



600218601136

01/20/12--01053--020 **35.00

1012 JAN 20 AM 8: 55
SECRETARY OF STATE
ALLAHASSEF FI OBINA

off. Res

TBrain 1-23-12

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: OFFICER/DIRECTOR RESIGNATION
(Name of Corporation)
DOCUMENT NUMBER: P04000038340
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
DEBRA ALTMAN
(Name of Person)
BOOKKEEPING & TAX SERVICES
(Name of Firm/Company)
2502 MCCORMICK ROAD
(Address)
PANAMA CITY, FL 32409
(City/State and Zip Code)
For further information concerning this matter, please call:
DEBRA ALTMAN at (850) 872-0169 (Name of Person) (Area Code & Daytime Telephone Number)
(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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314
Assign to the second se

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FO	OR A CORPORATION	William 20 ED
I, RONALD W HAYWOOD	, hereby resign as DIRECTOR/	VP (Title) (A)
of_TAZZ,INC.		,
(Name	e of Corporation)	
P04000038340 (Document Number, if known)	, a corporation organized under the laws of	the State of
FI ORIDA		

(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