

P04000041294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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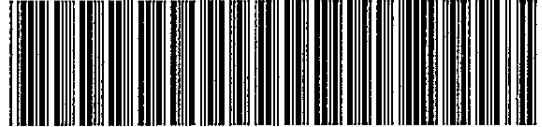
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32399

*Off. Resign.*

C. Coulllette MAY 12 2005

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NEFES, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000041294

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

C.B. WRIGHT  
(Name of Person)

% NEFES NEVADA LP  
(Name of Firm/Company)

1504 US HWY 395 N  
(Address)

GARDONVILLE NEVADA 89418  
(City/State and Zip Code)

For further information concerning this matter, please call:

HAROLD COFFIELD at (904) 722-1008  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, C.B. WRIGHT, hereby resign as PRESIDENT  
(Title)

of NEFES, INC  
(Name of Corporation)

PO9000041294, a corporation organized under the laws of the State of  
(Document Number, if known)

FL

CBWright  
(Signature of resigning officer/director)

FILED  
05 MAY -5 PM 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FL 32307

**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