(Requestor's Name)
(Address)
(Address)
(talloot)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2.2
Codification of Chabita
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Afrox Resignation

Office Use Only

11-20-07

COVER LETTER

Division of Corporations
SUBJECT: Per Hieme Tinc (Name of Corporation)
DOCUMENT NUMBER: 200042686
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person)
Rev Heme Inc. (Name of Firm/Company)
7730 Palm Ruer Rd (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (S13) (\(\delta 8 - \delta 8 \) (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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION ALLAHASIST OF AM. OR IN DOMAN B Clark, hereby resign as President (Title) OF Rev X+vene Inc. (Name of Corporation) PACCOARDED, a corporation organized under the laws of the State of (Document Number, if known)

FILING FEE IS \$35.00

resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314