PO4000048097

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(Req	uestor's Name)	
(Add	ress)	
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(City)	/State/Zip/Phon	e #)
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SECRETARY OF STATE TALLAHASSEE. FLORIDA

FILED

officer Resignation

Office Use Only

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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBI	ECT: FORMATIONS GROUP, INC
0020	(Name of Corporation)
DOC	UMENT NUMBER:#P04000048097
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	e return all correspondence concerning this matter to the following:
ALA	N HARVEY
	(Name of Person)
FOF	RMATIONS, GROUP, INC
	(Name of Firm/Company)
1720	6 HIBISCUS DRIVE
	(Address)
EDO	SEWATER, FL 32132-3426
	(City/State and Zip Code)
For fi	urther information concerning this matter, please call:
ALA	N HARVEY at (386) 409-9230
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amer	t Address: Idment Section Idment Sec
2661	Executive Center Circle Tallahassee, FL 32314 hassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ZOOT JUN LED

TALLAHASSEE, FLORIDA

SIDENT

TIMBERLAY HARVEY	, hereby resign asVICE PRESIDENT	1//
1,	(Title)	
of FORMATIONS GROUP, IN	NC.	
(N	ame of Corporation)	- ′
#P04000048097 (Document Number, if known)	, a corporation organized under the laws of the State of	
FLORIDA		

(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