

P04000054095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000033717960

04/23/04--01049--005 **35.00

FILED
04 APR 23 AM 10:39
CLERK OF STATE
TAMPA, FLORIDA

P04000054095
4-23-04
07/les

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ACULYTE INC
(Name of Corporation)

DOCUMENT NUMBER: 204000054095

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

Please return all correspondence concerning this matter to the following:

Ahmed, Anis Zonaid
(Name of Person)

ACULYTE INC
(Name of Firm/Company)

901 W Bush Blvd
(Address)

Tampa FL 33612
(City/State and Zip Code)

For further information concerning this matter, please call:

Ahmed Anis Zonaid at (813) 7868458
(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, Ahmed, Anis Zonaid, hereby resign as VS & Serratory
(Title)

of ACULYTE INC.
(Name of Corporation)

P 04000054095, a corporation organized under the laws of the State
(Document Number, if known)

FL

FILED
APR 23 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, 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