(Re	questor's Name)	
(Ad	dress).	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	f)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to I	Filling Officer:	
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TRANSMITTAL LETTER

SUBJECT: THE NOWS Enterprise, Inc. (Name of Corporation)
DOCUMENT NUMBER:
DOCUMENT NUMBER.
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
O'Kechi nobles (Name of Person)
(Name of Person)
THE NOBLES Enterprise, Inc.
2044 E. Bearss ave Tampa (Address)
Tampa, Fl. 33613 (City/State and Zip Code)
For further information concerning this matter, please call:
O'lubhi' NObles at (313) 240-3403 (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

TO: Amendment Section Division of Corporations

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, D'Klichi M. Mobiles, hereby resign as prisident)	
of TKL NOBES enterprise, Inc. (Name of Corporation)		
P04000 (523) a corporation organized under the laws of the S	OL OCT	
FIUNDA.	Arri)	F
(Signature of resigning officer/director)	PM 12: 31 JH STATE E. FLORIDA	

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