P0400067872

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
•	•	•
PICK-UP	WAIT	MAIL
(7)		
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
Opecial instructions to	Timing Officer.	
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Office Use Only



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OA Resign Themes 05/02/07-01027-004

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: A COM TWC (Name of Corporation)
DOCUMENT NUMBER: Po 4000 67872
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
ZORE MOKALOSKI (Name of Person)
(Name of Firm/Company)
49 ZEPHYR CILY TK
PALM E OAST FC 32164 (City/State and Zip Code)
For further information concerning this matter, please call:
ZUKE MUCAKUSKI at (20) 819 2376 (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

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Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1

FILED
2007MAY-2 PM 1:13
TALLAHASSEE. FLORIDA

I, SLUBUDAN VE	Kokk hereby resign as Resident (Title)	
of RION INC	of Corporation)	
Poyood 6787z (Document Number, if known)	_, a corporation organized under the laws of the State of	
FLURIDA	→	

Slub L. Velldeau 2
(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