## P04000067914

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<i>∓</i> )
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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(05/24/04--01067--006 \*\*35.00

Officer Resignation

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Total Signs 3 GRAdix Juc. (Name of Corporation)
DOCUMENT NUMBER: 20400067914
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Bean K. Inton (Name of Person)
Total Signs 3 Graphix Inc. (Name of Firm/Company)
239 S. TAmiami TRAil (Address)
Ubnice FL 34285 (City/State and Zip Code)
For further information concerning this matter, please call:
Sherry D. MAY at (941) 925-2325 (Name of Person) (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 409 E. Gaines Street Tallahassee, FL 32399

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE DIVISION OF CORPORATION.

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

2004 MAY 24 PM 5: 36

of Total Signs 3 Capting Tue.

(Name of Corporation)

P040000679/4, a corporation organized under the laws of the State of (Document Number, if known)

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