PD4000068864

(Requestor's Name)
(requestors reality)
(Address)
(Address)
(Adding 2)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
O I I I describe to Fill of Officers
Special Instructions to Filing Officer:

Office Use Only



400038363564

07/07/04--01033--015 **192.50



01D Pes.: 7/15/04 Sp

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Just one more manufament co, Inc. (Name of Corporation)
DOCUMENT NUMBER: POY 0000 64964
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
(Name of Firm/Company)
4100 NOCEAN ON # 304 (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
MARK DUNN at (SC) 363-5766 (Name of Person) at (SC) 363-5766 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

- i - 🦠

I, Howard SE, Gel, hereby resign as Reconstruct A. (Title)	
of Just one more manabement Co, Inc., (Name of Corporation)	
(Document Number, if known) a corporation organized under the laws of the State of	
(Signature of resigning officer/director) ALC: ALC:	
ETT INC PER IS \$25.00	

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314