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|   | (Document Number)        |
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| Certified Copies_                             | Certificates of Status   |
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| Special Instruct                              | ions to Filing Officer:  |
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJEC (Name of Corporation) 10000710 **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:

ıM (Name NI P (Name of Firm/Company) W (Address) 18192  $\mathcal{D}$ (City/State and Zip Code)

For further information concerning this matter, please call:

rea Code & Daytime Telephone

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

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

**OFFICER / DIRECTOR RESIGNATION** FILED FOR A CORPORATION APR 12 AN 9:05 06 OF STATE E, FLORIDA MARVIM L. hereby resign as (Title) q. (Name of Corporation) , a corporation organized under the laws of the State of if known) Document Number 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 PU-