P0400073968

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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09/27/07--01016--020 **35.00

FILEU 2001 SEP 27 PH 1: 13 SECRETARY OF STATE

officer Resignation

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COVER LETTER

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

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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

i, Eladio Gonza	1/eZ , hereby resign as Vi	ce President, STI
	Way Corp. e of Corporation)	
P04000073968 (Document Number, if known)	, a corporation organized under the	laws of the State of
Florida	<u></u>	2007 SEC
		SEP 27
	Signature of resigning officer/director)	- EFFST PR : O

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