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## TRANSMITTAL LETTER

OF ALL SIL SON ALSO

TO: Amendment Section Division of Corporations

SUBJECT: 60	ble fini	EPPSES (Name of Corpo	ration)		
DOCUMENT NUMI					<u> </u>
The enclosed Officer/I	Director Resignati	on for a Corporatio	n and fee are	submitted fo	r filing.
Please return all corres	spondence concern	ning this matter to t	he following:	:	
KANRENE	(Name of Person)	Swan			***
Cassle &	me of Firm/Compar	y lac.		<del>-</del> :	,
241-5.E.2	(Address)	£	<u>.</u>		
Cape Con	y/State and Zip Cod	33990 le)		<u>.</u>	
For further information	n concerning this r	natter, please call:			
LAWRENCE	Sutan of Person)	at ( 239 (Area Cod	) 242 e & Davime '	2402	mher)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



	hereby re		(Title)	* * **
of GARLA knier	Name of Corporation)	· · · · · · · · · · · · · · · · · · ·	<u></u>	) test
PO4000056 (Document Number, if known)	0.6	nized under the laws o	f the State of	- <del>- (</del> -, -, -, -
Florida	<u> </u>			u j A
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(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