P04000099992

(Re	equestor's Name)						
(Ac	idress)						
(Ac	idress)						
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Bu	ısiness Entity Nan	ne)					
(Do	ocument Number)						
Certified Copies	Certificates	of Status					
	_						
Special Instructions to	Filing Officer:						

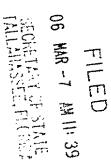
Office Use Only



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Off Resign

03/07/06--01052--010 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: FIRST Equity TRUST, TWC (Name of Corporation)
DOCUMENT NUMBER: PO 4 0000 99992
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARK Cheekey (Name of Person)
(Name of Firm/Company)
539 E. Oakland PARK BlvD. (Address)
Calcland Pape K. FL 33334 (City/State and Zip Code)
For further information concerning this matter, please call:
MARK Cheeley at (954) 563-1336 (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

06 MAR -7 AM II: 39

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ı, <i>M</i>	rek c) Check	l ey ,1	hereby resign	as DIRE	(Title)	
of F	- IRST	Equity	of Corporation)	ST , 7	vc	. 4	,
PA4 (Doc	0000 9 ument Numbe	79992 r, if known)	_, a corporat	ion organized	under the law	s of the State of	
Flo	RIDA						

(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