## P04000107563

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

Office Use Only



600208381776

06/03/11--01012--003 \*\*35.00

11 JUN -3 AM 9: 5:
SCURE FOR SECURIOR S

The state of the s

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: CREST CAPITAL GROUP, INC  (Name of Corporation)  DOCUMENT NUMBER: P 04000107563
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Nick KOTAICHE  (Name of Person)
(Name of Firm/Company)
1115 37th AVE N.E. (Address)
ST PETERSBURG FL 3370 LJ (City/State and Zip Code)
For further information concerning this matter, please call:
Nick KOTNICHE at (727) 224.38.69 (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

ı, FADİ S	ABA	, hereby resign as	MAH	VA-6	ER e)		_
of CREST	CAPITAL (Name of Corpor	ation) GROUP	J	ENC	<u>,                                     </u>	,	
P0400010 (Document Number,	7 563 -, a corp	poration organized und	er the law	s of the S	State of		
FLORI'DA	·			ai ·			
^	(			*	Sevia	11 JUN	
	(Signature)	of resigning officer/directo	r)	···	ASSE	4-3 AH	FILE
•	(2.8	<del>-</del>	-,		FLORID	H 9: 55	_

## 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