## D04000117822

(Rec	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	·#)
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	iling Officer;	
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SECRETARY OF STATE
ALLAMASSE

officer Resignation

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: COMPLETE REALTY GROYD, INC. (Name of Corporation)
DOCUMENT NUMBER: 204000117822
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
JAMES A. KNETSCH (Name of Person)
COMPLETE REALTY GROYD, INC. (Name of Firm/Company)
13911 MIDDLE PARK DRIVE
TAMPA, FL 33624  (City/State and Zip Code)
For further information concerning this matter, please call:
JAMEJ A - KNETSCH at (812) 629-0341 (Name of Person) (Area Code & Daytime Telephone Number)

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

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

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, KAREN KNETSCH, hereby resign as DIRECTOR (Title)

of Complete Realty Group, Inc.

(Name of Corporation)

P. 04000 117 822, a corporation organized under the laws of the State of (Document Number, if known)

(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