

P04000120599

(Requestor's Name)

(Address)

(Address)

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400045418154

Resignation
of
officer

02/07/05--01077--026 **35.00

FILED
05 FEB -7 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR
21/14/05

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PROTRADEFX, INC.

(Name of Corporation)

DOCUMENT NUMBER: P04000120599

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SUMMER MOTE

(Name of Person)

PROTRADEFX, INC.

(Name of Firm/Company)

4000 HOLLYWOOD BLVD STE 370-N

(Address)

HOLLYWOOD, FL 33021

(City/State and Zip Code)

For further information concerning this matter, please call:

SUMMER MOTE

(Name of Person)

at (

954

) 989-9938

(Area Code & Daytime Telephone Number)

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**

I, ADAM LEON, hereby resign as PRESIDENT/DIRECTOR (Title)

of PROTRADEFX, INC.
(Name of Corporation)

P04000120599, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA



(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA