

PO4000137987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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7.6 Smith JUN 29 2005

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WESTON Photo Pro Lab, INC
(Name of Corporation)

DOCUMENT NUMBER: P 04000 1379 87

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

Please return all correspondence concerning this matter to the following:

PAOLA CALLAHAN
(Name of Person)

WESTON Photography Studio
(Name of Firm/Company)

1048 Sunflower Cir
(Address)

WESTON, FL 33327
(City/State and Zip Code)

For further information concerning this matter, please call:

PAOLA CALLAHAN at (954) 659-7838
(Name of Person) (Area Code & Daytime Telephone Number)

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

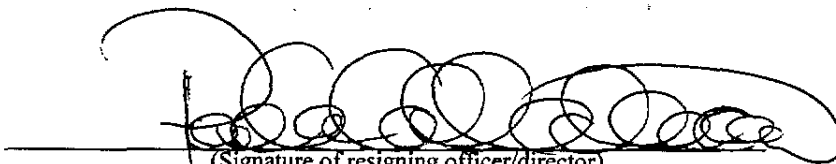
Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, PAOLA CALLAHAN, hereby resign as DIRECTOR
(Title)
of WESTON PHOTO DRUG LAB INC.
(Name of Corporation)

P04000137987, 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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