P04000138411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL
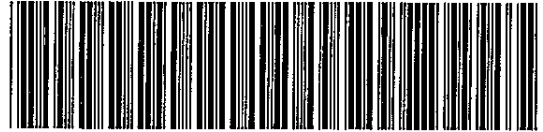
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
       Division of Corporations

SUBJECT: ___X Treme CYcle ToYZ Inc,___
                         (Name of Corporation)

DOCUMENT NUMBER: ___P O 4 OO 1384 11___

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 C. MURE___
        (Name of Person)

___XTREME CYCLETOYZ___
        (Name of Firm/Company)

___4168 WESTROADS DR. UNIT B___
        (Address)

___RIVIERA BCH, FL 33407___
        (City/State and Zip Code)

For further information concerning this matter, please call:

___JAMES C. MURE___ at (561) 784-7969
   (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
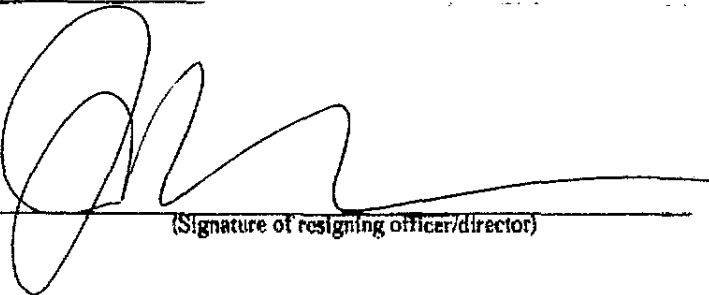409 E. Gaines Street
Tallahassee, FL 32399

CR2E044(11/02)

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, JAMES C. MURE , hereby resign as VICE PRESIDENT
(Title)

of XTREME CYCLETOYZ, INC.
(Name of Corporation)

P040001384 11 , 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