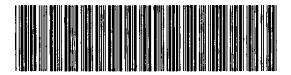
P04000138932

(Re	equestor's Name)				
. (Ad	ldress)				
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PICK-UP	☐ WAIT	MAIL			
(Bu	ısiness Entity Nan	ne)			
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Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
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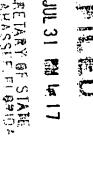
Office Use Only



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0/D Resign, .8/6//3



TRANSMITTAL LÉTTER

TO: Amendment Section Division of Corporations
SUBJECT: 10th Ave Oil Inc (Name of Corporation) DOCUMENT NUMBER: P04000138932
DOCUMENT NUMBER: P04000138932
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
KALPANA PRADHAN
(Name of Person)
(Name of Firm/Company)
111 Tuscany dr
(/144/033)
Royal Palm Beach . Fl. 33411 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (561) 267 8517 (Area Code & Daytime Telephone Number)
(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
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I.	KALPANA	PRA	NAHD	. hereb	v resign as	Secr	etary		
,				,) - 40- 5		(Title)		
of	10 th		0:1					,	
		(Na	ame of Corpo	ration)					
P	04006/389 (Document Number, if		, а сог	poration o	rganized und	ler the laws (of the State of	;	
	FLORIDA	·······························	·						
					Pradh		<u>_</u>	ಪೆ.	
			(Signature	of resigning	officer/directo	or)	A HA	= 1	製造
							18 Y BI		
			FILING	FEE IS	§35.00		STATE	* C	

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

-> Registered agent mistakenly filed my name as a Secretary of the above corporation. I never owned any % share of the above corporation.