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TRANSMITTAL LETTER

Division of Corporations **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Firm/Company)

(Name of Firm/Company) O BOX 121416 West Melbourne FC 32912 (City/State and Zip Code) For further information concerning this matter, please call: M. (102A) at (321) 288-8958
(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

TO:

Amendment Section

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, DAVID M. COZAD	hereby resign as_	VICE	PPES (Title)	<u>SENT</u>
of ATF, INC.				>
(Name of Corporation PO 4000 1390 47 a corporation (Document Number, if known)	n) ution organized und	ler the laws of	the State of	
FLORIDA.			OS APR	TI
)	R28 PM	F
(Signature of r	esigning officer/direct	4/25/a	2: 37 STATE FLORIDA	D

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