· P04000145814

| (Requestor's Name) | |
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| | |
| (Address) | |
| | |
| (Address) | |
| | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT | ΛΑΙL |
| | |
| (Business Entity Name) | |
| | |
| (Document Number) | |
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| Certified Copies Certificates of Status | |
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| Special Instructions to Filing Officer: | |
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TRANSMITTAL LETTER

| Division of Corporations |
|--|
| SUBJECT: PROPERTY BY 5, INC. |
| (Name of Corporation) |
| DOCUMENT NUMBER: P04000145814 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following: |
| DR. JOSEPH M. PEARSON |
| (Name of Person) |
| |
| (Name of Firm/Company) |
| 1881 WASHINGTON AVE., SUITE 6D |
| (Address) |
| MIAMI BEACH, FL 33139 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| CHARLTON STONER, ESQ. at (305) 358-9385 (Name of Person) (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 409 E. Gaines Street Tallahassee, FL 32399 |

Amendment Section

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, DR. JOSEPH M. PEARSON | , nereby resign as | | |
|--|-----------------------------------|------------------------------|-------|
| | | (Title) | |
| of PROPERTY BY 5, INC. | | | |
| | Corporation) | | , |
| P04000145814 (Document Number, if known) | a corporation organized un | der the laws of the State of | |
| FLORIDA (Sign | ature of resigning officer/direct | OS AUG 26 PM 1: 48 | FILED |

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