

P04000150858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

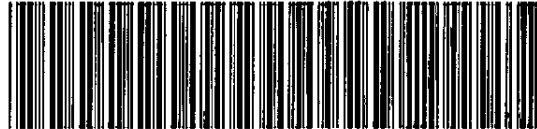
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000059112270

*Off. Receipt*

FILED  
05 SEP - 7 PM 3:33  
SECRET  
TALLAHASSEE, FL 32301

09/07/05--01040--0000

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT:

CELLULAR SELECT  
(Name of Corporation)

DOCUMENT NUMBER:

P04000150858

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

Please return all correspondence concerning this matter to the following:

ALAN DANCOUR  
(Name of Person)

CELLULAR SELECT  
(Name of Firm/Company)

1880 S. OCEAN DR. APT 608 W  
(Address)

TALLAHASSEE, FL. 32309  
(City/State and Zip Code)

For further information concerning this matter, please call:

ALAN DANCOUR at (954) 554-8515  
(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**

**FILED**  
**05 SEP -7 PM 3:37**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

I, ALAN DANCOR, hereby resign as OFFICER/DIRECTOR  
(Title)

of CELLULAR SELECT INC  
(Name of Corporation)

P04000150858, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

X QQQ  
(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