DO400154648

(Requestor's Name)	
(Address)	900162192989
(Address)	
(City/State/Zip/Phone #)	· .
(Business Entity Name)	11/02/0801010012 **35.00
(Document Number)	7 Si 20
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COVER LETTER

FLORIDA S/W CORPORATION (Name of Corporation) P04000154648 **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: Oliver Huttner (Name of Person) Management Tax Consulting, Inc. (Name of Firm/Company) P.O. Box 101718 (Address) Cape Coral, Fl. 33910-1718 (City/State and Zip Code) For further information concerning this matter, please call: Oliver Huttner (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. **Mailing Address:** Street Address: Amendment Section **Amendment Section** Division of Corporations **Division of Corporations** Clifton Building Post Office Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Rolf Schiller	, hereby resign as Pd	
7		(Title)
of_FLORIDA S/W CORPORATI		
(Nan	ne of Corporation)	
P04000154648 (Document Number, if known)	a corporation organized under the laws of the State of	
Florida		
	12. Sdiller	2009 NOV -
	(Signature of resigning officer/director)	V-% AH 3: 2: NARY OF STATE NASSEE, FLORIE

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