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Assegnation

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Amendment Section Division of Corporations

TO:

SUBJECT: WORLO MACTIAL ANTS INC. (Name of Corporation)
(Name of Corporation)
DOCUMENT NUMBER: Pourons7822
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 Person)
(Name of Firm/Company)
283 Narional Place: Unit # 117 (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (407) 339-1220 (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
Post Office Box 6327
Tallahassee, FL 32314

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

OFFICER / DIRECTOR RESIGNATION 2007 OCT 15 PM 1: 38

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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,
der the laws of the State of
ioi the laws of the state of

(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