# P05000001443

(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:	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

TD111050D11 00111111110117101101101
SUBJECT: TRANSFORM COMMUNICATIONS INC. (Name of Corporation)
DOCUMENT NUMBER: P05000001443
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for f
Please return all correspondence concerning this matter to the following:
RUZ, PETER
(Name of Person)
(Name of Firm/Company)
1580 NW 93RD AVE
(Address)
PEMBROKE PINES FL 33024
(City/State and Zip Code)
For further information concerning this matter, please call:
PETER RUZ at ( 954 ) 212-1492
PETER RUZ  (Name of Person) at ( 954 ) 212-1492  (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Street Address:  Amendment Section Division of Corporations Clifton Building Clifton Buildi



## FILED

# OFFICER / DIRECTOR RESIGNATION FALLAHASSEE, FLORIDA

I, PETER RUZ	, hereby resign as dIRECTOR
	(Title)
of_TRANSFORM COMMUNICATI	ONS INC.
. (Name o	f Corporation)
P05000001443 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	-
	endure 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