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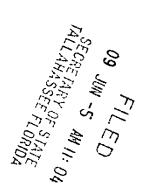
. (Requestor's Name)					
(Address)					
(and the second					
Addition					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Societies Sint) Hame,					
(Document Number)					
Certified Copies Certificates of Status					
<u> </u>					
Special Instructions to Filing Officer:					





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COVER LETTER

Division of Corporations
SUBJECT: Notzrotim Inc. (Name of Corporation)
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:
Alba G. Chi (Name of Person)
Natzratim Inc. (Name of Firm/Company)
1330 Freeport. DR. (Address)
Del Hong, Fl. 32725 (City/State and Zip Code)
For further information concerning this matter, please call:
Alba G. Chi at (386) 575-0568 (Name of Person) (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 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Alba G. Chi	, hereby resign as	Presider	c)
of	Natzratin Inc.	ration)		Talahan da anggangan 7
$\mathcal{P}_{\mathbf{Q}}$	10-000001	poration organized und	ler the laws of the S	State of
•	Florida.			
				09 JUN SECRETA
	Bulada	Do.		-5 -S SSEE!
	A Stemations	of resigning officer/directo	or)	OF STATE

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