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| (R                      | equestor's Name)   |           |
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| (Ci                     | ty/State/Zip/Phone | #)        |
| PICK-UP                 |                    |           |
| (Bi                     | usiness Entity Nam | e)        |
| (D                      | ocument Number)    |           |
| Certified Copies        | Certificates       | of Status |
| Special Instructions to | Filing Officer:    |           |
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|                         | Office Use Only    | 1         |
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03/27/05--01052--011 \*\*35.00





## COVER LETTER

**TO:** Amendment Section Division of Corporations

SUBJECT: (Name of Corporation 05 00000 đ **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:

Name of P erson` Name of Firm/Company S Address) 0 (City/State and Zip Code)

For further information concerning this matter, please call:

8 at í (Name le & Daytime Telephone

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 <u>Mailing Address</u>: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

CR2E044(08/05)

**OFFICER / DIRECTOR RESIGNATION** FOR A CORPORATION

1, Humberto kereby resign as (Title) 0 (Name of Corporation) P0500000 3 813 , a corporation organized under the laws of the State of (Document Number, ifknown) 10 30 m PH S S S డ్ల లి (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