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C. COUNNELLE MAY 2 4 2005

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: (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:

s. .

Hermentez (Name of Person) acp 51 OMMERCE (Address) 3301 (City/State and Zip Code)

For further information concerning this matter, please call:

786 <u>542-4327</u> (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: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

President and Director hereby resign as I, (Title) ΤQ 1 of (Name of Corporation) P05000011827 (Document Number, if known) ____, a corporation organized under the laws of the State of Florida

05 MAY FILED 18 PH 12: signing officer/director) 5

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