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COVER LETTER

TO: Amendment Section Division of Corporations

ubber Hoducts 10 SUBJECT: (Name of Corporation) Ł q **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 Person)

(Name of Firm/Company) (Address) (City/State and Zip Code)

For further information concerning this matter, please call:

51 (1)(Name of Person) Telephone Number) (Area Code & Da

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

· 5

I, __ ofsidan Mara Vice-t hereby resign as_ LIC. of (Name of Corporation) ł a corporation organized under the laws of the State of Document Number, if known

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