## Po5000023721

(Requestor's	Name)
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Certified Coples Ce	ertificates of Status
Special Instructions to Filing Of	ficer:
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resignation TALLAHASSELTER

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06 OCT 16 PH 4: 17

Malo Company

## **COVER LETTER**

TO: A D	mendment Section Division of Corporations	
SUBJEC	T: Creative Carts, Inc. (Name of Corporation)	
DOCUM	ENT NUMBER: P05000023721	
	osed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Please ret	turn all correspondence concerning this matter to the following:	
	Christopher H. Norman, Esq.	
	(Name of Contact Person)	
Hines Norman Hines, P.L.		
	(Firm/Company)	
	315 S. Hyde Park Avenue	
(Address)		
	Tampa, Florida 33606	
	(City/State and Zip Code)	
For furthe	er information concerning this matter, please call:	
Chri	istopher H. Norman, Esq. at (813) 251-8659 (Name of Contact Person) (Area Code & Daytime Telephone Nur	mber)
Enclosed	l is a \$35.00 check made payable to the Department of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

## OFFICER / DIRECTOR RESIGNATION ED FOR A CORPORATION 06 OCT 16 PM 4: 22

SECRETARY OF STATE TALLAHASSEE. FLORIDA

I, Keith Jacks	hereby resign as officer and as director (Title)
of Creative Carts, Inc.	of Corporation)
P05000023721 (Document Number, if known) Florida	, a corporation organized under the laws of the State of
Keith Jacks	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