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ALLAHASSEE FLORIDA



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SUBJECT:	
DOCUMENT NUMBER: POSOOO 024236	<u></u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted	ed for filing.
Please return all correspondence concerning this matter to the following:	
(Name of Person)	
(Name of Firm/Company)	
(Address)	
Menail Telans, Fl. 32982 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Person) at (37) 537.1380 (Area Code & Daytime Telephon	e Number)
Englaced is a shock for \$25.00 made nariable to the Floride Department of State	

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

Amendment Section Division of Corporations

TO:

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, JERRY D. LAWBERT, hereby resign as UI	LE Poesident
of FACIE MOWING THE	(Title)
(Name of Corporation) POSODO 5 24236, a corporation organized under the la (Document Number, if known)	ws of the State of
FLORIDA.	
Signature of resigning officer/director)	FI 06 HAY SECRETA TALLAHA
	FILED MAY IS PM 12: 08 CRETARY OF STATE LAHASSEE FLORIDA
FILING FEE IS \$35.00	AUE 08

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314