

POS000026116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

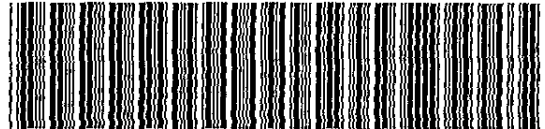
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

2005

AUG 22 2005

CP

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** New York Clipper's, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000026116

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tim Robinson

(Name of Person)

Robinson & Company, P.A.

(Name of Firm/Company)

4436 Commercial Way

(Address)

Spring Hill, FL 34606

(City/State and Zip Code)

For further information concerning this matter, please call:

Tim Robinson

(Name of Person)

at ( 352 ) 597-5804

(Area Code & Daytime Telephone Number)

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

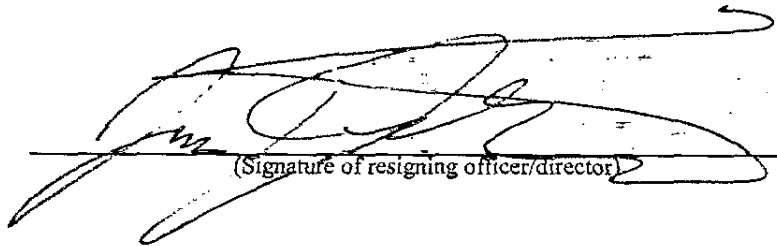
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Jose A. Delgado, hereby resign as President  
(Title)

of New York Clipper's, Inc.  
(Name of Corporation)

P05000026116, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(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

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**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**