## P0500028579

(Re	questor's Name)	
	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP		MAIL
(Bu	siness Entity Nar	ne)
(Da	cument Number)	
Certified Copies	Certificates	s of Status
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SECRETARY OF STATE DIVISION OF CORPORATIONS 05 MAY -9 AM 10: 50

officer Resignation

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: KD Subs, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P05000028599

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

Please return all correspondence concerning this matter to the following:

**Kimberly Velasquez** 

(Name of Person)

KD Subs, Inc.

(Name of Firm/Company)

5121 SW 90th Avenue

(Address)

Cooper City, FL 33328

(City/State and Zip Code)

For further information concerning this matter, please call:

 David Balakonis
 at (
 954
 680-2090

 (Name of Person)
 (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

L Kimberly Velasquez	, hereby resign as	Vice-President
······································	,,	(Title)
of KD Subs, Inc.		
	ame of Corporation)	······································
P05000028599	, a corporation organized un	der the laws of the State of
(Document Number, if known)	a verperation erganized an	
Florida		

Kiny (Signature of resigning officer director)

## FILING FEE IS \$35.00

05 MAY -9 AN 10: 50

SMOI

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

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