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(Re	questor's Name	)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Name of Corporation SUBJECT: 4 **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 Firm/Company) ition. NW 167.5t (Address) 1.07 and applicate Station (City/State and Zip Code) For; further information concerning this matter, please call:

Mart of Person)  $\frac{305}{(\text{Area Code & Daytime Telephone Number})}$ at (

The enclosed (Mfiger/Directorster v.n.)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:	Mailing Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
Clifton Building	Post Office Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314

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## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

DICE President uis ma I. end, hereby resign as of Corporation) 111046 123( C, a corporation organized under the laws of the State of (Document Number, if known) FEB-8 AM 10: 1 Flurida FILED  $\mathbf{C}$ (Signature of resigning officer/director)

FILING FEE IS \$35.00

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

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