## POS000042931

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DE DOT 17 AM 8: 22

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: E (Name of Corporation)
DOCUMENT NUMBER: <u>405000 4293/</u>
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 Person)
(Name of Firm/Company)
1341. S. Stetson Dr
COCO FOR 33923 (City/State and Zip Code)
For further information concerning this matter, please call
John Grant at (301, 639-9588
(Name of Person) (Area Code & Day time Telephone Number)

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

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I_ John Gont_hereby resign as Dress	ident	
of JED Mame of Corporation) The Office	ited.	
105000 4293/ a corporation organized under the laws of the (Document Number, if known)	State of	
Fiorida  (Signature of resigning officer/director)	05 OCT 17 AM 8: 22	FILED

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