PO50000H6/96

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Address)		
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(Cit	ty/State/Zip/Phone	e #)
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10/5/06

COVER LETTER

Division of Corporations
SUBJECT: FOOD OBENCEASE INJUSTRY (MSUITANTS INC (Name of Corporation) DOCUMENT NUMBER: POSODOU 46196
DOCUMENT NUMBER: 105000046(96)
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Henry Wolmaran 5 (Name of Person)
(Name of Firm/Company)
675 60/FUEW Blvd#1201 South
Clearwater FC 337-67 (City/State and Zip Code)
For further information concerning this matter, please call:
HENRY WOLMARWS at (727) 4470100 (Area Code & Daytime 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

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ector, Plesident

I, Henry Wolmarans, hereby resign as Director (Title of FODD + BENEFAGE Industry Consultant (Name of Corporation)

05000046196 (Document Number of known)

___, a corporation organized under the laws of the State of

FORIDA

(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