·10500055734

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	· · · · · · · · · · · · · · · · · · ·
(City/5	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busir	ess Entity Na	me)
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		

Office Use Only



500060243305

111/116/125-11/113-11/19 ++3/4.18

FILED

05 OCT -6 PHIZ: 43

Ps 10/14/05

COVER LETTER

TO: Amendment Section
Division of Corporations
SUBJECT: ON 11 1/5 Canting (Name of Corporation) DOCUMENT NUMBER: $\int 0.50000.557.34$
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)
1005 E. Bichman Ave Whit 9
City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (40) 947-8/86 (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

OFFICER / DIRECTOR RESIGNATION FILED FOR A CORPORATION

05 OCT -6 PM 12: 43

I, Mike Pattersan, hereby resign as	TALLAHASSEE FLORIBA (Title)
of John Wish of Corporation	Inc.
(Document Number, if known)	er the laws of the State of
Mil hallage	
(Signature of resigning officer/director	7)

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