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SUBJECT:_4TH Party Inc. (Name of Corporation) P05000064210 **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: Tammy Dentici reg agent (Name of Person) 4TH Party Inc. (Name of Firm/Company) 1902 Bay Rd. (Address) Sarasota FL 34239 (City/State and Zip Code) For further information concerning this matter, please call: **Tammy Dentici** (Area Code & Daytime Telephone Number) (Name of Person) 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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Kenneth Liszewski	, hereby resign as Pres	hereby resign as	
**	, notoby noo.g., as	(Title)	
of 4TH Party Inc.			
	Name of Corporation)		
P05000064210 (Document Number, if known)	, a corporation organized under the laws of the State of		
Florida			
	_		

FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

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