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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: NCOA Select lac (Name of Corporation)
DOCUMENT NUMBER: <u>P0500069866</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:
LISA 1eti (Name of Person)
NCOA Select Inc (Name of Firm/Company)
21000 Boca Rio Rd, suite A-12 (Address)
Boen Ration F1 33433 (City/State and Zip Code)
For further information concerning this matter, please call:
Tohn Koutsoupis at (561) 414-5888 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, John Koutsoup's, hereby resign as Secret	Or Y	ı ———	
of NCOA Select Inc.			_•
POS 00069866. a corporation organized under the laws of the	ie State o	of	
(Document Number, if known)	ALCRE VI.I.AH	NON 50	77
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(Signature of resigning officer/director)	اسان جرا		

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