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## **COVER LETTER**

SUBJECT: BRIZARD CORPORATION (Name of Corporation)
DOCUMENT NUMBER: P050000 85962
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
TO-SMITH B. BRIZARD (Name of Person)
BRIZARD CORPORATION (Name of Firm/Company)
18700 N. W. 27 HAVE. #103 (Address)
MIAMI GARNENS, FL 33056 (City/State and Zip Code)
For further information concerning this matter, please call:
Mc-Williams BRIZHAN at (305) 469-0801 (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

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ı, <u>J</u>	0-SMITH	B. BRI	ZARD	, hereby resig	gn as Vic	CE PR	ESIDE Title)	NT	_
of/	BRIZAR)	CORPOR (Nan	ATION ne of Corpora	tion)		<u>-</u>		·	,
	50000 85 (Document Numbe		, a corp	oration organiz	ed under the	laws of th	e State o	f	
FLC	OKIDA		<u></u> .						
		JoS.	mtsC (Signature o	Syoul fresigning officer	/director)		SECRI TALLAI	09 SEP	
			(oigimine o	resigning officer	, an edior y		ETARY ( HASSEE	1	FILE
							JF STATI FLORIE	PH 2: 38	Ö

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

FILING FEE IS \$35.00

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