

PO5000086019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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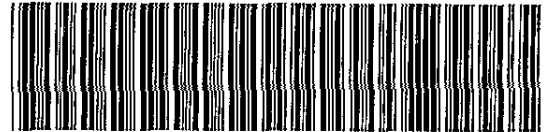
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CORPORATE COMMODITIES , INC
(Name of Corporation)

DOCUMENT NUMBER: P05000086019

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHELE LABRUCE

(Name of Person)

CORPORATE COMMODITIES, INC

(Name of Firm/Company)

4000 HOLLYWOOD BLVD. STE 370N

(Address)

HOLLYWOOD, FL 33021

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHELE LABRUCE

(Name of Person)

at (954) 989-9938

(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
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

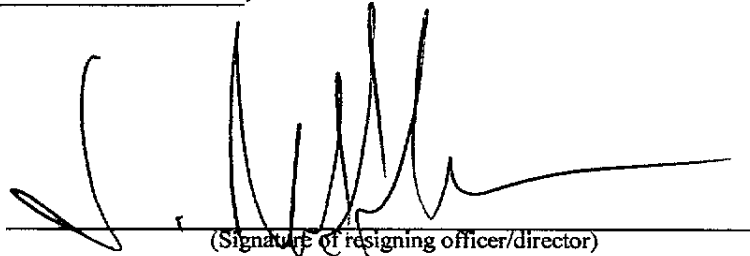
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, JOHN MATTHEWS, hereby resign as PRSIDENT / DIRECTOR
(Title)

of CORPORATE COMMODITIES, INC
(Name of Corporation)

P05000086019, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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05 JUN 24 AM 8:15
CLERK OF STATE
TALLAHASSEE, FLORIDA

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