

POS000093104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

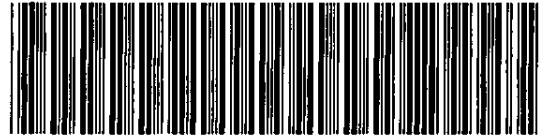
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400076961604

FILED

06 JUL -5 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07/05/06--01025--012 **35.00

ay off
215

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

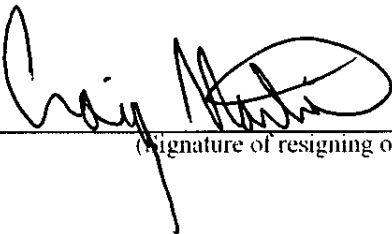
I, Craig Martin, hereby resign as Treasurer
(Title)

of POMRI, Inc
(Name of Corporation)

P05000093104, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

FILED
06 JUL -5 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


(Signature of resigning officer/director)

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