POSUU109372

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL .
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

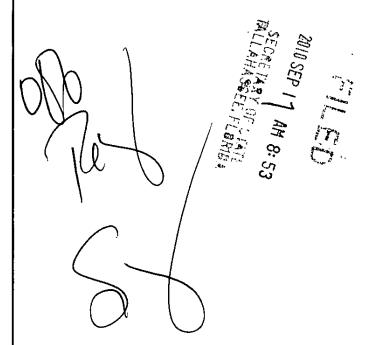
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09/17/10--01027--003 **35.00



COVER LETTER

Division of Corporations
SUBJECT: TARINERS TRUST TWO (Name of Corporation)
DOCUMENT NUMBER: P05000102312
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
(Name of Firm/Company)
1435 SUMHIT RUN CR (Address)
WEST PALM BEACH, FL 33415 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (561) 308-8-71 (Area Code & Daytime Telephone Number)
D. J. J. J. C. #25.00 and markle to the Floride Department of State

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Amendment Section

TO:

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, KATHY S. MODY , hereby resign as V. P.	itle)	
of PARTNERS TRUST INC (Name of Corporation)		
(Document Number, if known), a corporation organized under the laws of the	e State of	
Florina.		
(Signature of resigning officer/director)	2010 SEP 17 AM SECRE LARY OF TALLAHASSEE, FL	
FILING FEE IS \$35.00	8: 53	Carried States

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

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