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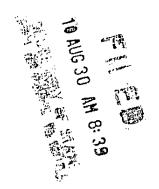
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OlD Resign.

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PO5000109707 DOCUMENT NUMBER: The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Melina Villa orduna
(Name of Person) (Name of Firm/Company) Su buth way Pembroke Pives FL 33023 (City/State and Zip Code) For further information concerning this matter, please call: Cheorge Jesse Fuentes Jr at (954) L12 2080
(Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for \$35.00 made payable to the Florida Department of State. **Street Address: Mailing Address:** Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building Post Office Box 6327 2661 Executive Center Circle Tallahassee, FL 32301 Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, Melinavillaorduna	_, hereby resign as	Officer (T	Directo	<u>)(</u>
of The Back Squad It	On)		· · · · · ·	. •
(Document Number, if known), a corpo	ration organized und	ler the laws of the	State of	
florida.				
J. Wardy	resigning officer/director	(m)	der.	
(Signature of	resigning officer/diffect	n)	10 AUG 30 AM	
			30 AM	
FILING F	EE IS \$35.00		္နိုင္တုိ ထဲ	31

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

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