P05000116186

(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ry/State/Zip/Phone	e #)
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SECRETARY OF STATE
VALLAHASSFF, FLORIDA

on 26 or

COVER LETTER

SUBJECT: Companionship club inc (Name of Corporation)
DOCUMENT NUMBER: P05000 116186
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Max Mali Wi (Name of Person)
(Name of Person)
(Name of Firm/Company)
1994 NW 104Th AVE (Address)
(Address)
Covalsprings, FL. 3307/ (City/State and Zip Code)
For further information concerning this matter, please call:
May Malihi at (954) 553-6332 (Name of Person) at (954) 653-6332 (Area Code & Daytime Telephone Number)
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

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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

MAX MALIHI	, hereby resign as	Tresurer (Title)	
of Companionship (Name of Co	club inc		,
Po5000 116/86 ,a (Document Number, if known)	corporation organized under	r the laws of the State of	
FLoRida.			
		97 SEC FALL	
may	mulditure of resigning officer/director)	FEB -5 CRETARY LAHASSI	
(Signal	are of resigning officer/director)	AM 10: 0	ED

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