## ? 205000116901

(Re	equestor's Name)			
, (Ac	ddress)			
. (Ac	ddress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
	-			

Office Use Only



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8 JUL 16 AM DIAS SECRETARY OF STATE OFFICE AM BILLIANS

NBM



## **COVER LETTER**

SUBJECT: FIDELITY CAPITAL VENTURES, INC. (Name of Corporation)	_		
DOCUMENT NUMBER: POSOOO 116901			
	- :		
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for fili	nig.		
Please return all correspondence concerning this matter to the following:			
MICHAEL WILLIAMS (Name of Person)	SCORE IN	91 JUL 80	mar.
FIDELITY CAPITAL VENTURES, INC. (Name of Firm/Company)	CV) -03	16 MI	
5719 LIME HILL ROAD (Address)	Y OF STATE	G+3	
LAUDISRIHIU FL. 33319 (City/State and Zip Code)			
For further information concerning this matter, please call:			
GENARDO PATRICIO at (954) 600 - 6276 (Area Code & Daytime Telephone Number	r)		

TO:

Amendment Section **Division of Corporations** 

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

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

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, MICHAEL J. WILLIAMS, hereby resign as DIRECTOR	)
	Title)
of FIDELITY CHITAL VENTURES, INC_ (Name of Corporation)	<b>1</b>
Po5000 116 901, a corporation organized under the laws of the (Document Number, if known)	ne State of
FLORIDA.	. •
	SA JUL 1
	SEF FLA
(Signature of resigning officer/director)	RATE

## 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