## P05000128735

(Requestor's Name)	
(Address)	
(Address)	<u></u>
(City/State/Zip/Phone #)	<u>.                                    </u>
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	٦
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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

16-A-)EE ) OG INC (Name of Corporation) SUBJECT 10500128735 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:

NINCY MCLEAN (Name of Person) 88 + 7 SKY VISTA CRT (Address)

OF-LANDO HLORIDA 32818 (City/State and Zip Code)

For fu ther information concerning this matter, please call:

VILLE ÉVANS (Name of Person) at (<u>407</u>) <u>445 ~ 1143</u> (Area Code & Daytime Telephone Number)

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

Street Address: Amen Iment Section Divisi in of Corporations Cliftor Building 2661 1 xecutive Center Circle Tallah issee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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I, <u>NANCY MCLEAN</u>, he of <u>DIE-A-DEE DOG INC</u> (Name of Corporation) \_\_\_\_\_, hereby resign as DIRECTOR, TRESIDENT SECRE TORY 5600128735 Document Number, if known) a corporation organized under the laws of the State of EFFECTIVE 3-05-2006 2006 HAR 29 AM 9:40 (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 Corperations P.O. Box 6327 Tallahassee, Florida 32214