

PO5000131084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

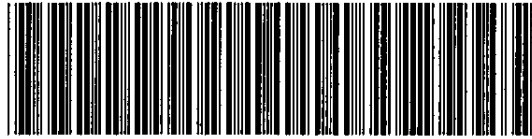
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700082566567

12/19/06--01006--006 **35.00

FILED

2006 DEC 19 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THAT
WAS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Two wheeled Dreams INC
(Name of Corporation)

DOCUMENT NUMBER: PO 5000131084

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Philip R. Francisco
(Name of Person)

1936 Piccadilly Cir
(Name of Firm/Company)
(Address)

Cape Coral FL 33991
(City/State and Zip Code)

For further information concerning this matter, please call:

Phil Francisco at (239) 470 2334
(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:
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

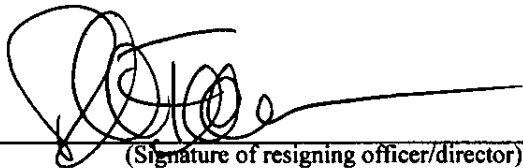
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Philip R. Francisco, hereby resign as VTD
(Title)

of Two wheeled Dreams Inc
(Name of Corporation)

PO5000131084, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(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 Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 DEC 19 PM 2:08

FILED