P05000/33202

•		
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Na	me)
(Do	ocument Number))
Certified Copies	Certificate	s of Status
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SECRETARY OF STATE

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V HERRING MAR 2 0 2017

TRANSMITTAL LETTER

SUBJECT: E-Tempest.com, Inc.		
(Name of Corporation) DOCUMENT NUMBER: P05000133222		
The enclosed Officer/Director Resignation for a Corporation and fee	are submitted for filing	
Please return all correspondence concerning this matter to the follow	ving:	
David Reed		
(Name of Person)		
E-Tempest.com, Inc.		
(Name of Firm/Company)		
8356 Woodsmuir Dr.		
(Address)		
West Palm Beach, FI 33412		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
David Reed at (239)770 (Area Code & Days	-5027	
(Name of Person) (Area Code & Days	ime Telephone Number)	
Enclosed is a check for \$35.00 made payable to the Florida Departm	ent of State.	
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301		

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION SECRETARY OF STATE OF STAT

2017 HAR 16 PH 3: 39

, Hans C. Bacares	, hereby resign as
^,	(Title)
_{of} E-Tempest.com, Inc.	
(Name of Co	rporation)
P05000133222 (Document Number, if known)	corporation organized under the laws of the State of
Florida	m AA
	Luful
	HANS C. BACARES
512 K15101	notion
(Signat	ture 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



OFFICER / DIRECTOR RESIGNATION PAR 16 PM 3:39 FOR A CORPORATION

Hans C. Bacares	, hereby resign as
*1	(Title)
_{of} E-Tempest.com, Inc.	,
(Name of Corporation	tion)
P05000133222 , a corpo	oration organized under the laws of the State of
Florida	1 NA
	Julite
	HANS C. BACARES
See Resignation	f 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