P05000135286

	Demusatada Alama	
(Requestor's Name)	
(Address)	
(Address)	
(1	City/State/Zip/Phone #)	
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☐ PICK-UP	MAIT WAIT	MAIL
(1	Business Entity Name)	· · · · · · · · · · · · · · · · · · ·
(1	Document Number)	····
Certified Copies	Certificates of Status	
Chapial Instructions	to Filip Officer	
Special Instructions	to Filing Officer:	
		





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COVER LETTER

SUBJECT: ABSOLUTE INFORMATION, INC. (Name of Corporation)
(Name of Corporation)
DOCUMENT NUMBER: P05000135286
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RANDAL D. JENKIN (Name of Person)
ABSOLUTE INFORMATION, INC. (Name of Firm/Company)
P.O. BOX 410703 (Address)
MELBOULNE, FL 32941 (City/State and Zip Code)
For further information concerning this matter, please call:

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

at (321) 253-3526 (Area Code & Daytime Telephone Number)

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Yvelle Jenkin, hereby resign as VICE PRES	5/0 z	ラハー	
of ABSOLUTE INFORMATION, INC. (Name of Corporation)			, s
P05000135286 a corporation organized under the laws of the (Document Number, if known)	: State o	f	
FLORIDA	SE AL	9	
	SECRETAR ALLAHASS	01 AON 50	
Frebe Inten	Y OF S	P	

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