PO\$000148253

(Reque	estor's Name)						
(Addre	ss)						
(Addre	ss)						
(City/State/Zip/Phone #)							
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PICK-UP	WAIT	MAIL					
/Dunin	ess Entity Name						
(Dusin	ess Enuty Name	e)					
(Docur	nent Number)						
Certified Copies	Certified Copies Certificates of Status						
Special Instructions to Filin	ng Officer:						
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COVER LETTER

Division of Corporations
SUBJECT: The Tellation Station West Q- (Name of Corporation)
DOCUMENT NUMBER: POSOGAL48253
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
(Name of Person)
Installation Station West De (Name of Firm/Company)
(Address)
City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (441) 718 3227 (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

Amendment Section

TO:

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Ĭ,	TARA	Decicco	, hereby resign	as Pr	Les. (Title)	···——·	 -
of	Ins	TVALLATION (Name of Corpo	STATION pration)	west	<u>ινς</u>		,
Pos	(Document Number	r, if known)	rporation organized	l under the law	s of the State of	of	
	Floria	da					
		(Signature	e of resigning officer/d	irector)	TALLAHASSEE. FLORIE	06 JAN _5 AM 10: 22	FILED

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