Posoo 155420

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	e #)
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resignation

12/21/09--01022--006 **35.00



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COVER LETTER

SUBJECT: Op h' Development Inc. (Name of Corporation)
DOCUMENT NUMBER: P05000 155420 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
MANY SIMVAN (Name of Person)
Opti Development Inc. (Name of Firm/Company)
204 / John Ave, (Address)
St, Petersburg Fl 33701 (City/State and Zip Code)
For further information concerning this matter, please call:
May Sullivan at (727) 217-6575 (Name of Person) at (727) 217-6575 (Area Code & Daytime Telephone Number)

TO:

Amendment Section **Division of Corporations**

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

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

OFFICER/DIRECTOR RESIDENT SUBJECT OF SUBJECT

(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