105000155699

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	!
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer	
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06 OCT -6 AM 9: 56
SECKETARY OF STATE
AND SEEL FLORIDA

15/09/06-

COVER LETTER

SUBJECT: WYNN Properties Real Estate Strvic, (Name of Corporation)
DOCUMENT NUMBER: <u>P05000155699</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
William H. CLARKE (Name of Person)
(Name of Person)
WYNN Propentes Real EstatE Services INC. (Name of Firm/Company)
(Name of Firm/Company)
9220 BONITA BEACH ROAD
BON: HA SPRINGS FloriDA 34135 (City/State and Zip Code)
For further information concerning this matter, please call:
LARRY WYNN at (239) 5719130 (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

Amendment Section Division of Corporations

TO:

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

OFFICER / DIRECTOR RESIGNATION ED FOR A CORPORATION OCT -6 AM 9: 56

SECRETARY OF STATE TALLAHASSEE, FLORIDA

I, William H CLARK	E, hereby resign as VP
	(Title)
of WYNN Propertie	IS NEAL ESTATE SERVICES, INC.
(Name o	f Corporation)
P 0 5 000 / 55 6 9 9 (Document Number, if known)	a corporation organized under the laws of the State of
FIORIDA	

(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