

PO5000158067

(Requestor's Name)

(Address)

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600237098706

*Resignation
of officer*

07/03/12--01021--009 **35.00

FILED
2012 JUL -3 PM 4:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

*DR
7/6/12*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BLACK OPS PERFORMANCE INC
(Name of Corporation)

DOCUMENT NUMBER: P05000158067

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN STAGNITTA

(Name of Person)

BLACK OPS PERFORMANCE INC

(Name of Firm/Company)

49 NORTH FEDERAL HWY #238

(Address)

POMPANO BEACH FLORIDA 33062

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN STAGNITTA

(Name of Person)

at (321) 230-0504

(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

Mailing Address:

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

FILED

2012 JUL -3 PM 4:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MATTHEW LAU, hereby resign as VP
(Title)

of BLACK OPS PERFORMANCE INC,
(Name of Corporation)

P05000158067, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.



(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