POS000/6/787

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COVER LETTER

Division of Corporations
SUBJECT: Celebration Time ne (Name of Corporation) DOCUMENT NUMBER: POSODO 16/787
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Viscone Stone (Name of Person)
(Name of Person)
(Name of Firm/Company)
Q.o. 80x 1307 (Address)
(Address) Roste Ledy a B.L. Fl. 32004 (City/State and Zip Code)
For further information concerning this matter, please call:
Vicame Stone at (704) 742-4634 (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 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO: Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Dianne Stone	, hereby resign as \(\lambda \cdot \forall \$\lambda \cdot \text{\$\lambda \cdot \cdot \text{\$\lambda \cdot \text{\$\lambda \cdot \text{\$\lambda \c	Sickery (Title)	Secretary
of Celeporation Time	orporation)	 	,
Rosandol 787, a (Document Number, if known)	corporation organized under the lav	vs of the Stat	e of
Florida.			
Signa (Signa	ature of resigning officer/director)	ARY OF STAI	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