## P06000012922

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

Amendment Section **Division of Corporations** Kebair USA Cox mel ¢ H SUBJECT: (Name of Corporation) Э 7 U 0 () N A **DOCUMENT NUMBER:** 

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

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Please return all correspondence concerning this matter to the following:

For further information concerning this matter, please call:

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

CR2E044(08/05)

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Masion I, hereby resign as (Name of Corporation) 2 2 , a corporation organized under the laws of the State of (Document Number, if known)

(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