F0600000000000151

(Req	uestor's Name)	
DDA)	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	_Certificates	s of Status
Special Instructions to F	Filing Officer:	
		The second secon

Office Use Only



800079676098

09/18/06--01027--003 **43.75

FILED

06 OCT -3 MII: 21

SECRETARY OF STATE
SECRETARY OF STATE





FLORIDA DEPARTMENT OF STATE Division of Corporations

September 20, 2006

BILLIE STRONG, JR. B. STRONG, INC. 920 CARVER STREET WINTER PARK, FL 32789

SUBJECT: B.STRONG INC. Ref. Number: P06000020751

We have received your document for B.STRONG INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert Document Specialist

Letter Number: 506A00056248

COVER LETTER

TO: Amendment Section Division of Corporations	- 2
SUBJECT: B. Strong TNC. (Name of Corporation)	
DOCUMENT NUMBER: P0600020751	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
(B. Strong) BILLIE Strong JR. (Name of Person)	··· —
B. Strong Inc. (Name of Firm/Company)	20 . 25
920 CARVER STREET (Address)	
Mintee Flok FLA. 32789 (City/State and Zip Code)	•
For further information concerning this matter, please call:	
BILLIE Strong To at (HDT) 144-2886 (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	

ALL FEES HAVE BEEN PAID ...

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

MARK A.	Connishing		hereby resign	as Vict	Possio (Title)	ENT	
of B. Str	ond Inc	×			(Tide)	·	in the
P060000	OAHEL	f Corporation , a corpora	i) ition organized	under the lav	vs of the Sta	te of	
Florida.					. ** .	·	÷
	11/	Λ	A	Λ Λ	TÄLLAH	96 96	-
	Mark	gnature of re	signing officer/di	recto	ASSEE.	1-3 AM	m
	l			V	FLORIL	AM II: 21 OF STATE	

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