P06000031785

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800070323548

04/18/06--01008--010 **402.50

FILED

06 APR 18 AM 9: 28

SECRETARY OF STATE
ALL AHASSEF, FIGHTE

Service of the servic

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: CHIX NWINGS FNC (Name of Corporation)
DOCUMENT NUMBER: 106000 31785
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
ROSE ROBBINS (Name of Person)
(Name of Firm/Company)
2309 LAUDERDALE COURT
ORLHWO FC 32805 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (467) 4/5-23[0] (Name of Person) (Area Code & Daytime Telephone Number)

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

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, _	ROSE ROBBINS, hereby resign as VICE PRESIDENT	I
of_	CHIX NWINGS INC (Name of Corporation)	,
	P06000 31785, a corporation organized under the laws of the State of (Document Number, if known)	
	FLORIPA.	
	06 APR 18 SLCRETARY LLAHASSE	<u> </u>
	(Signature of resigning officer/director)	7
	NIE 28	

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