100003/938

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | idress) | |
| (Ad | ldress) | |
| (Cit | ly/State/Zip/Phone | e#) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Coples | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



000081326560

11/06/06--01043--001 **105.00

SEURE JARY OF STATE FALLAHASSEE, FLORIDA

06 NOV -6 PM 3: 27

COVER LETTER

| SUBJECT: BSNT INVESTMEN | (Name | of Corpora | ion) | | | |
|--------------------------------------|------------------|-------------------|-------------|-----------------------|-------------|------------------|
| DOCUMENT NUMBER: P060 | 000031938 | | | | | |
| The enclosed Officer/Director Resig | gnation for a C | Corporation | and fee are | submitted fo | r filing. | |
| Please return all correspondence co | ncerning this n | natter to the | following: | | | |
| WILLIAM MIGNEAULT | | | | | | |
| (Name of Pers | son) | | | | | ê. |
| | | | | | | |
| (Name of Firm/Co | mpany) | | | | · | ` : |
| 619 STATE ROAD 19 SOUTH | | | | | | |
| (Address) | | | | ••• | • | |
| PALATKA, FL. 32177 | | | | | | |
| (City/State and Zi | o Code) | | | | · | • |
| For further information concerning | this matter, ple | ease call: | | | | |
| William Migne AU (Name of Person) | <u>'LT</u> at (_ | 386 (Area Code | & Daytime | 316 - Telephone Nu | -6229 | te de Monte de . |

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

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Amendment Section Division of Corporations

TO:

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

CR2E044(08/05)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| , hereby resign as PRESIDENT |
|---|
| (Title) |
| |
| f Corporation) |
| _, a corporation organized under the laws of the State of |
| SECULTANAS TALLAHAS |
| gnature of resigning officer/director) SEFF OF STATE ORDER 21 |
| |

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