## PO6000033/10

•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
opeolar modulons to rining officer.

Office Use Only



100212213451

11/03/11--01018--008 \*\*35.00

M/ Did Resup



11.11-21,

## **COVER LETTER**

OVER THE TOTAL TALL
SUBJECT:   THE AAT OF TROM, TNC.  (Name of Corporation)
DOCUMENT NUMBER: P 0 6 0000 33110
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
HAED SANGENS (Name of Person)
(Name of Person)
THE ANT OF TROM, TNC (Name of Firm/Company)
(Name of Firm/Company)
311 W. 35 <sup>++</sup> CT. (Address)
(Address)
City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (850) 819-1500 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)

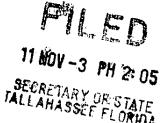
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**TO:** Amendment Section Division of Corporations

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I, HARDID	SANGERS	,	hereby resign as_	Vire	Passos +
of The	Aut of Name of	TION of Corporation	IN C.		
P06000 (Document Nur	033110 nber, if known)	_, a corporat	ion organized un	der the lav	vs of the State of
Floring	<u> </u>	<u>-</u> -			
1	· · · · · · · · · · · · · · · · · · ·				

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