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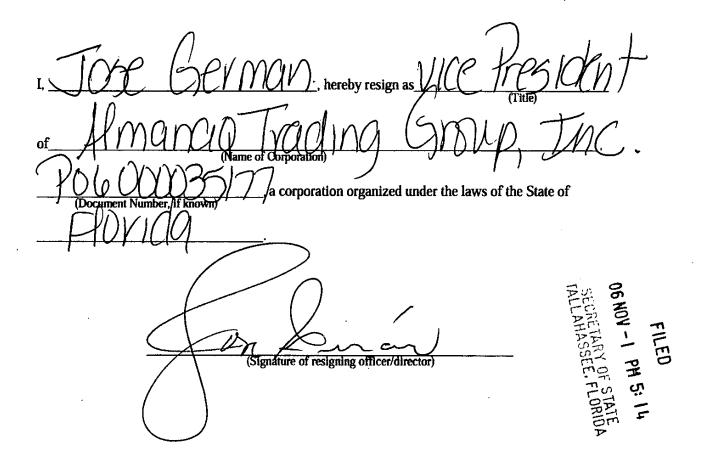
TO: Amendment Section Division of Corporations
SUBJECT: NUMBER: Name of Corporation)
DOCUMENT NUMBER: UU UU UU J' / -
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person) (Name of Person) (Name of Firm/Company) (Name of Firm/Company) (Address) H10100 D1 22012
(City/State and Zip Code) For further information concerning this matter, please call:
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(Name of Person) at (Area Code & Daytime Telephone Number)
traine of 1 4300) (Area Code & Daytine 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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



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