

PO6000043513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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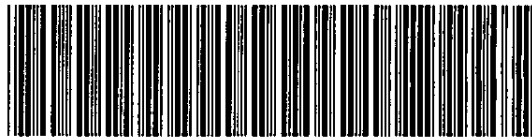
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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① 2/29/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TOKEN INTL. EMPLOYMENT, INC.
(Name of Corporation)

DOCUMENT NUMBER: P06000043513

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DOROTHY I AARONS

(Name of Person)

(Name of Firm/Company)

732 NICHOLS TERRACE

(Address)

PORT ST. LUCIE, FLORIDA 34953

(City/State and Zip Code)

For further information concerning this matter, please call:

DOROTHY I AARONS

(Name of Person)

at (786) 260-8977

(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


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, DOROTHY I AARONS, hereby resign as VICE PRESIDENT
(Title)

of TOKEN INTL. EMPLOYMENT, INC.
(Name of Corporation)

P06000043513, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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

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DIVISION OF CORPORATIONS
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