

P060000043513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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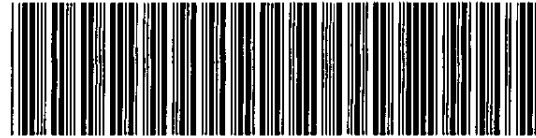
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

officer Resignation

TR

4-10-08

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:

RICHARD A. 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:

RICHARD A. AARONS

(Name of Person)

at (

954

) ~~643-4396~~ 786-285-1057
(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, RICHARD A. AARONS, hereby resign as OFFICER/DIRECTOR
(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)

FILED
2008 APR -7 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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