## \_.\_\_ (Requestor's Name) (Address) 700161752297 (Address) (City/State/Zip/Phone #) 10/22/09--01020--012 \*\*35.00 PICK-UP **]** WAIT MAIL (Business Entity Name) (Document Number) · 09 OCT 22 AM 10: 04 Certified Copies \_\_\_\_ Certificates of Status .... Special Instructions to Filing Officer: , Office Use Only

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Name of Corporation) **DOCUMENT NUMBER:** 

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

Please return all correspondence concerning this matter to the following:

SANCÉ -( 00 Address (City/State and Zip Code)

For further information concerning this matter, please call:

H KischCeat ( (Area Code & Daytime Telephone Number) (Name of Person)

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

or 2 Rocch hereby resign as <u>*Vies*</u>, den ı, <u>(</u> (Title) (Name of Corporation) 9 60000 a corporation organized under the laws of the State of (Document Number, if known)

Prosident ignature 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