## P06000059225

· (Requestor's Name)		
· (Address)		
(Address)		
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAiL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
		İ

Office Use Only



500104443265

06/25/07--01028--010 \*\*35.00

ECRETARY OF STATES
LLAHASSEE FRANCE

06/28/07 De

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Thynks. Com Inc. (Name of Corporation)
DOCUMENT NUMBER: P0600059225
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Thomas LANZAROTTA (Name of Person)
Thynks, Com Inc.  (Name of Firm/Company)
(·····································
13331 SW 135 B AVR. (Address)
(Address)
MIAMI 72 33186  (Otty/State and Zip Code)
For further information concerning this matter, please call:
Thomas UNZAR OTTA at (786) 385-6/72 (Name of Person) at (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

CR2E044(08/05)

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILING FEE IS \$35.00

FILING FEE IS \$35.00

AHASSET ARY OF SHARY OF SHARY OF SHARY OF SHARY OF SHARP OF SH

P.O. Box 6327 Tallahassee, Florida 32314