

PO6000087623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01/23/09
2/2/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GOLDEN ARROW INC
(Name of Corporation)

DOCUMENT NUMBER: P06000087623

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

Please return all correspondence concerning this matter to the following:

APRIL PEACH CONDRON

(Name of Person)

CAPE COD MGMT SVC INC

(Name of Firm/Company)

314 NE 27TH STREET

(Address)

WILTON MANORS FL 33334-2020

(City/State and Zip Code)

For further information concerning this matter, please call:

APRIL PEACH CONDRON at (954) 630-8300
(Name of Person) (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, OMMAR H OMMARWAGAD, hereby resign as DVT
(Title)

of GOLDEN ARROW, INC.
(Name of Corporation)

P06000087623, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

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09 JAN 23 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

 1-16-09
(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