206000089115

·	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500104541845

06/20/07--01021--011 **35.00

Of / Ris Resign

O7 JUN 20 PH 12: 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Amendment Section

TO:

Division of Corporations		
SUBJECT: FIRST CHOKE AROR CORP (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:		
(Name of Person)		
(Name of Firm/Company)		
ZZYLY THOUSAND PINES LANE (Address)		
BOCA CATON, PL 33428 (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Person) at (561) 445-8946 (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		

* Please BACK-DATE RESIGNATION
TO JANUARY 1, 2007.

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	JARRON HAHN, hereby resign as VICE PRESIDENT (Title)
of	FIRST CHOILE LABOR CORP , (Name of Corporation)
**************************************	(Document Number, if known) PLORIDA , a corporation organized under the laws of the State of ALLAHAR SEE OF RESTRICT ALLAHAR SEE OF RESTRICT
	(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