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(Re	equestor's Name)	
(Address)		
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PICK-UP	☐ WAIT	MAIL
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DIVISION OF CORPORATION

DD/RES 00/11/08

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Place of Corporation)

(Name of Corporation)

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DOCUMENT NUMBER: ROWNSC

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)

Flacions Sales The Name of Firm/Company)

3628 Over Visha 08

Romano Bon El 33069
(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (ASU) 311-6438 (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

CR2E044(08/05)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

IMPICAN FERRY	, hereby resign as
	(Title)
of Florisauto (Nam	e of Corporation)
(Document Number, if known)	, a corporation organized under the laws of the State of
Florica	·

(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