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TO: Amendment Section **Division of Corporations**

SUBJECT: (Name of Corporation) 000097

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 M01 Name of Firm/Company njc/l (Address) 32937 An (City/State and Zip Code)

For further information concerning this matter, please call:

321 597-3595 Area Code & Daytime Telephone Number) 110 01 at ((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

hereby resign as____ Robert (g) Preside I, (Title) Central stone NC (Name of Corporation) POGOOO97 (Document Number, if known) a corporation organized under the laws of the State of FLORIDA (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