## P000000 99328

(Requestor's Name)  (Address)	
(Address) 400	S
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	28.
(Business Entity Name)	
(Document Number)	
tified Copies Certificates of Status	
pecial Instructions to Filing Officer:	)

Office Use Only



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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	;
MY BEST HIRE, I	
DOCUMENT NUMBER:	6000099328
The enclosed Officer/Director R	esignation for a Corporation and fee are submitted for filing
Please return all correspondence	concerning this matter to the following:
Robert M. Kush	
(Name of	Person)
. (Name of Firm	VCompany)
837 Oak Park Drive	
(Addre	ess)
Melbourne, Florida 32940	
(City/State and	ł Zip Code)
For further information concern	ing this matter, please call:
Robert M. Kush	321 432-4207
(Name of Person)	at () (Area Code & Daytime Telephone Number)
	nade payable to the Florida Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, hereby resign as(Title)
(1100)
ation)
poration organized under the laws of the State of

(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 2018 AUG 28 AM 8: 40