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COVER LETTER

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TO: Amendment Section Division of Corporations

SUBJECT: (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) Accurate (Name of Firm/Company) 8300 W. Flagler St., #148 114 Miami, FL 33144 ú. (Address) 1 (City/State and Zip Code) For further information concerning this matter, please call:

at i (Area Code & Daytime Telephone Number) (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 <u>Mailing Address:</u> Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

4

Antos L_SARA hereby resign as of Name of Corporati a corporation organized under the laws of the State of known) X gnature of resigning officer/director) 0 953-FL 5532-9 3 1

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