## P06000102244

(Requestor's Name)		
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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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## **COVER LETTER**

Division of Corporations
SUBJECT: Regenics Tochander (Name of Corporation)
DOCUMENT NUMBER: 10600102244
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) Styles
Name of Firm/Company)
601 N. Congress Are Skyll
Del Bel Fr 3245 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) Stat (S61) 48-430 (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

Amendment Section

TO:

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

of Reservices (Name of Corporation)

Cocoolo 21 Ha corporation organized under the laws of the State of (Document Number, if known)

Torida

(Signature of resigning officer/director)

(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