

P06000104349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

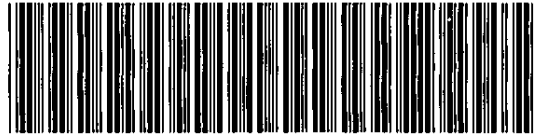
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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O/D Resign.

10/25/07

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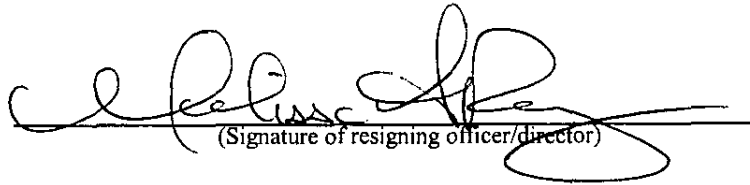
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MELISSA A. AKEY, hereby resign as S, T & D
(Title)

of QUARTERS II, INC.
(Name of Corporation)

P06000104349, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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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