PO6000118319

. (Re	questor's Name)						
· (Ad	dress)						
(Ad	dress)						
(Cit	ty/State/Zip/Phone	#)					
PICK-UP	☐ WAIT	MAIL					
(Bu	siness Entity Nam	ne)					
(Document Number)							
Certified Copies	_ Certificates	of Status					
Special Instructions to Filing Officer:							

Office Use Only



400184509124

resignation to Experie

08/27/10--01031--009 **35.00

BINAUG 27 PH 3º 54
SECRETARY OF STATE

\$ 30 /10

. 8

. .

 \tilde{A}_{2}

COVER LETTER

٠.

TO: Amendment Section Division of Corporations
SUBJECT: CALL LOBIC NC. (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:
Nather WIGON (Name of Person)
(Name of Furn/Company)
Sig & Cretice Huy # 875 (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
Nather Wilser at (490) 606 8212 (Name of Person) (Area Code & Daytime Telephone sumber)
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

2010 AUG 27 PM 3: 54

SECRETARY & STATE
TALLAHASSEE, FLORING

I, _	Glenn	R.	Enck	<u></u>	_, hereby resign as	Diech	(Title)	ficer
of_	<u> </u>	کدی	LOGIC, (Nem	NC .	tion)			
	^				oration organized u)f
	Florida			 ·				
			L0	? 4	2 Such			
				(Signature o	resigning officer/dire	ctor)		

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