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(Re	equestor's Name)			
. (Ac	ddress)			
(Ac	ddress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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TALLAHASSEE FLORINA.

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DR. LOCKSMITH INC. (Name of Corporation) DOCUMENT NUMBER: PO600123065
DOCUMENT NUMBER: PO600123065
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
YONY PANOPSKY (Name of Person)
OR, LOCKSMITH, INC., (Name of Firm/Company)
Address)
PLANATION PL. 33324 (City/State and Zip Code)
For further information concerning this matter, please call:
Yory ParoPSKY at (954) 549 - 5085 (Name of Person) (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

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, YONY /	ANOPSKY	, hereby resign as	(Title)
of	Lock SM (Name of Corp.	oration)	,
P06 600 1 3 3 (Document Number	o6 T, a co	orporation organized unde	er the laws of the State of
PLOR	<i>IPA</i>		
Œ	D. My (Signatur	re of resigning officer/directo	1114/00

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 SECRETARY OF STATE
TÄLLAHASSEE, FI ÖRIDA