## P06000134091

(Re	equestor's Name)	<del> </del>	
(Ac	idress)		
(Ac	idress)		
(Ci	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Na	me)	
(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to Filing Officer:			
		ļ	

Office Use Only



200101171152

05/03/07--01048--016 \*\*35.00

O7 MAY -3 PN 3: 21
SECRETARY OF STATE
TALL AHASSEE ELORINA

OID Pes.

## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUB	JECT: Pocket Sy	stems, Inc.
		(Name of Corporation)
DOC	CUMENT NUMBER:PO6	000134091
The e	enclosed Officer/Director Resign	nation for a Corporation and fee are submitted for filing
Pleas	se return all correspondence con	cerning this matter to the following:
	Gary Fusco	
	(Name of Perso	on)
		•
	(Name of Firm/Cor	mpany)
	6570 Ilex Circle	
(Address)		
	Nonlea ET 24100	
	Naples, FL 34109 (City/State and Zip	Code)
For	further information concerning	
		220 702 1115
	Anthony Listrom (Name of Person)	at ( 239 ) 793-1115 (Area Code & Daytime Telephone Number)
	(1.4	,
Enc	losed is a check for \$35.00 mad	e payable to the Florida Department of State.
Str	eet Address:	Mailing Address:
Amendment Section		Amendment Section
Clif	ton Building	Division of Corporations Post Office Box 6327
266	ision of Corporations ton Building 1 Executive Center Circle	Tallahassee, FL 32314
Tal	lahassee, FL 32301	

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Gary Fusco	, hereby resign as_	Officer/Director
			(Title)
of	Pocket Systems,		,
	(1)	lame of Corporation)	
	P06000134091 (Document Number, if known)	, a corporation organized un	der the laws of the State of
<del></del> _	Florida	<del></del>	
			97 R SECR TALL
	×. Ha	(Signature of resigning officer/dire	INY -3 PH 3: 2 LIARY OF STATE ANASSEE, FLORID

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