P0600147303

. (Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
		1
(Ві	usiness Entity Nan	ne)
· (Do	ocument Number)	1
Certified Copies	Certificates	of Status
		:
Special Instructions to	Filing Officer:	

Office Use Only



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06/23/09--01050--004 **35.00





COVER LETTER

SUBJECT: \\\\(\(\text{\Corporation}\)\(\(\text{Name of Corporation}\)
SUBJECT: Name of Corporation) DOCUMENT NUMBER: PO (000) 473 03
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)
(Name of Firm/Company)
(Address) AUS
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (454) 935-5990 (Area Code & Daytime Telephone Number)

TO:

Amendment Section Division of Corporations

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, GARY GOLIN	hereby resign as VICE - PRESIDENT (Title)
of Tico (Na	me of Corporation)
PO 6000 147 303 (Document Number, if known)	, a corporation organized under the laws of the State of
FloriDA	<u>-</u> -
	SECRETARY OF STATE (Signature of resigning officer/director) (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