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(Re	questor's Name)		
(Ad	dress)		
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. (Cit	y/State/Zip/Phone	<i>#</i>)	
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(Business Entity Name)			
(Document Number)			
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: CLASTREE SWITH CORP (Name of Corporation) DOCUMENT NUMBER: POLOGO 150190
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) CRASTREE SOUR CORP. (Name of Firm/Company) The Mort State Vo 7 (Address) Autation for 33347 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (203) 619 1471 (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

1, Joseph COASTLES	6 hereby resign as	(Title)
of CLABITEE SO	(Name of Corporation)	
Polocument Number, if known	, a corporation organized unde	er the laws of the State of
FWEIDA	Tale 18 18 18 18 18 18 18 18 18 18 18 18 18	OT JUL 31 PH 1: 05
	(Signature of resigning officer/director	95

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