

PO6000154869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

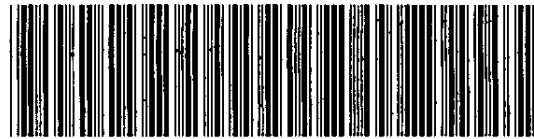
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

CS. 8-8

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** KLD Distributors, Inc.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000154869  
\_\_\_\_\_

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher Craparo  
\_\_\_\_\_  
(Name of Person)

KLD Distributors, Inc.  
\_\_\_\_\_  
(Name of Firm/Company)

3491 5th Ave. NW  
\_\_\_\_\_  
(Address)

Naples, FL 34120  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kelly L. Davidson at ( 239 ) 248-0817  
\_\_\_\_\_  
(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**

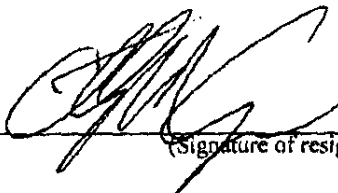
**FILED**  
2008 AUG -4 AM 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Christopher Craparo, hereby resign as V.P.  
(Title)

of KLD Distributors, Inc.  
(Name of Corporation)

P06000154869, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(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