POUDO0155583

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-ÜP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only

DD/RES (10, 7.11.07



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SECRETARY OF SIATIONS
ON MESING OF THE STATE OF THE STATE

COVER LETTER

Amendment Section Division of Corporations

TO:

| SUBJECT: Cord Neef Distributors International Inc (Name of Corporation) |
|---|
| DOCUMENT NUMBER: 206 000 1555 83 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Pal (Name of Person) |
| (Name of Firm/Company) |
| 35190 US 19 N |
| Palmtobor H 3467 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| (Name of Person) at (Area Code & Daytime Telephone Number) |
| 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

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, | Paul J. | allo_ | , hereby resign as | (Title) | |
|----|---------|-----------------------|-------------------------------|----------------|-----|
| of | Coral | See 4 (Name of Cor | Distributors | International, | Inc |
| | r | 5593 .ac | orporation organized under th | | |
| | Florids | · | | | |
| | | | | | |

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314