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Division of Corporations	
SUBJECT: JASON	PHITIDES INC (Name of Corporation)
DOCUMENT NUMBER:	
The enclosed Officer/Director Re	esignation for a Corporation and fee are submitted for filing
Please return all correspondence	concerning this matter to the following:
JASON PHITIDES (Name of P	·
·	
JASON PHITIDES,	INC.
(Name of Firm/	Company)
11932 MILLER	Cir. W
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	~)
JACKSONVILLE,	FL 32218-3953 Zip Code)
(City/State and	Zip Code)
For further information concerning	ng this matter, please call:
JASON PHITIDES	at (904) 349-4457 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 m	ade 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

TO: Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	HURTIS	JOHNSON	, hereby resign as	DIRECTOR (Title)	
of	JASON F	HITIDES, IN	C. Diration)	(Tide)	·
<u> Po</u>	7000000 27 Document Number, if	4 , a co-	rporation organized unde	er the laws of the Stat	e of
F	LORIDA	*			
		- Jan 7.	4 Janson		il
		° (Signature	e of resigning officer/director		SERVING -3 PM
		FILING	G FEE IS \$35.00		ų: 32

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

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