## 100006475

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<del> </del>
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE OF CORPORATIONS DIVISION OF CORPORATIONS

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## **COVER LETTER**

SUBJECT: Cando mans and Parimers Conporation)
DOCUMENT NUMBER: POD 00006475
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jaka Docal (Name of Person)
(Name of Person)
(Name of Firm/Company)
6842 Scythe Dux
(Address)
ORTUNDO FL 32812 (City/State and Zin Code)
(City/State and Zip code)
For further information concerning this matter, please call:
コープ なに 人
(Name of Ferson) (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

Amendment Section Division of Corporations

TO:

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

## OFFICER / DIRECTOR RESIGNATION 2007 OCT 23 AM 10: 44

I, Jake o Ages, hereby resign as PRUS, less
(Title)
of Camelot mails and Particles Conferences
(Name of Corporation)
Pondoo 6475 , a corporation organized under the laws of the State of (Document Number, if known)
Florida.
Me o Send
(Signature of residence 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