107000006550

(Requ	uestor's Name)
(Addr	ess)
(Addr	ess)
(City/S	State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busin	ness Entity Name)
(Docu	ument Number)
Certified Copies	Certificates of Status
Special Instructions to Fil	ling Officer:
	·

Office Use Only



900134408559

08/27/08--01032--001 **140.00

Of Der Reser

OR AUG 27 PM SE ZE

T. Roberts SEP 10.2.2008.

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Wipe Out Inc. (Name of Corporation)
DOCUMENT NUMBER: <u>P0700006550</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Scott Saunders (Name of Person)
Wipe Dut Inc. (Name of Firm/Company) Bldg. 21 201 Front Street Ste. 109 (Address)
Key West FL 33040 (City/State and Zip Code)
For further information concerning this matter, please call:
Scott Saunders at (305) 360-2375 (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

I, Marius Venter, hereby resign as Director (Title)

of Wipe Out Inc.
(Name of Corporation)

P0 700000 (550)
(Document Number, if known)

Florida

Wignature 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