P0700000550

| · (Req | uestor's Name) | | |
|---|------------------|-------------|--|
| (Address) | | | |
| (Add | ress) | | |
| (City/ | /State/Zip/Phone | e #) | |
| PICK-UP | WAIT | MAIL | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies | Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
| | | | |
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Office Use Only



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SECRETARY OF STATES

DD 120/10

COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: Wipe Out Inc (Name of Corporation) |
| DOCUMENT NUMBER: 7070000 6550 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following: |
| Lety Nowack (Name of Person) |
| Wipe Out Inc (Name of Firm/Company) |
| 201 Front St. Ste 109 (Address) |
| Key West FL 33040 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Marius Venter at (305) 747-0799 (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

| 1, Scott Saunders | hereby resign as Director (Title) |
|---|---|
| of Wipe Out Inc (Name of Corporation | n) |
| P070000 6550, a corpora (Document Number, if known) | tion organized under the laws of the State of |
| 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

TALLAHASSEE, FLORIDA