## 10700011093

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

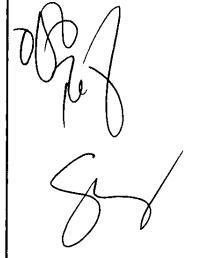
Office Use Only

1/12/1



900190005709

01/10/11--01039--010 \*\*35.00





## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: XXX-STREAM TACKI	LE, INC.
	(Name of Corporation)
DOCUMENT NUMBER: P0700	0011093
The enclosed Officer/Director Resigna	ation for a Corporation and fee are submitted for filing
Please return all correspondence conc	erning this matter to the following:
JOSEPH R. FRITZ, ESQUIRE	
(Name of Person	)
JOSEPH R. FRITZ, P.A.	
(Name of Firm/Comp	pany)
4204 N. NEBRASKA AVE.	
(Address)	
TAMPA, FL 33603	
(City/State and Zip C	Code)
For further information concerning this	s matter, please call:
JOSEPH R. FRITZ, ESQUIRE	at ( 813 ) 237-4646 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made p	payable to the Florida Department of State.
Amendment Section Division of Corporations Clifton Building	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, JOSEPH R. FRITZ	, hereby resign as	PRESIDENT /	DIRECTOR	
**	,	(Ti	tle)	_
of_XXX-STREAM TACKLE, INC.			,	
(Name of Coa	poration)			
P07000011093 , a control (Document Number, if known)	corporation organized und	der the laws of the	State of	
FLORIDA				
(Signate	ure of resigning officer/director	or)	2011 JAN 10 Secre han	Grace erane erane erane
FILIN	NG FEE IS \$35.00		O AM 8: S	

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

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