

(Re	equestor's Name)	
(Ac	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e#)
PICK-UP	🗋 WAIT	
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: ENTX, INC.

•

	(Name of Corporation)	••	
DOCUMENT NUMBER:_	P07000020561	•	
The enclosed Officer/Directo	r Resignation for a Corporation and fee are submitted for filing.		

Please return all correspondence concerning this matter to the following:

TIZIANO SALINAS

(Name of Person)

(Name of Firm/Company)

13514 SW 124 AVE, ROAD

(Address)

MIAMI, FL. 33186

(City/State and Zip Code)

For further information concerning this matter, please call:

TIZIANO SALINAS

(Name of Person)

at (<u>305</u>) 244-9693 (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

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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FILED
2007 JUL 20 PM 3: 46 SECRETARY OF STATE TALLAHASSEE, FLORIDA

I,TIZIANO SALINAS	, hereby resign as
	(Title)
of ENTX, INC.	
(Name	e of Corporation)
P07000020561	, a corporation organized under the laws of the State of
(Document Number, if known)	
FLORIDA	

X _ ۰. 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