(Requestor's Name)	
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(City/State/Zip/Phone #)	CREED.
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(Business Entity Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

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Agement INC. **SUBJECT DOCUMENT NUMBER:** 0700024808

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence-concerning-this.matter-to-the-following:-

<u>TYIARCOS ZALFOS</u> (Name of Person)

Inc.

33//

CORAL " <u>33065</u>

For further information concerning this matter, please call:

54) 939 -8026 rea Code & Daytime Telephone Number) TI ARCUS (Name of

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, <u>MAACOS</u> ZAKFOS _____, hereby resign as_____

VP (Title)

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AM 11: 5

LS Property of____ INC. 1EMENT

____, a corporation organized under the laws of the State of umber, if known)

FLORIDA

arcin ing 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

5-25-07