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(Reque	estor's Name)	
. (Addre	ss)	
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(City/S	tate/Zip/Phone	e #)
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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

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SUBJECT: Mand Subject: Name of Corporation)

Name of Corporation

Name of Corporation

Name of Corporation

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

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Name of Firm/Company)

(Address)

(Address)

For further information concerning this matter, please call:

(City/State and Zip/Code)

(Name of Person) at (305) 7766708 (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

TERMANUEL hereby resign as VICE PESIDEN (Title)	1
of(Name_of Corporation)	,
Po 70002684 , a corporation organized under the laws of the State of (Document Number, if known)	
TLORIDA.	
(Signature of resigning officer/director)	
SECRETARY OF TALLAHASSEE, FILING FEE IS \$35.00	
~ ~ ~ *	アカフ
Make checks payable to Florida Department of State and mail to	

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