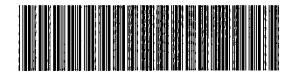
## P01000031403

(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



400212271254

Supplied to

09/19/11--01029--003 \*\*35.00

OIVISION OF CORPORATIONS

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Prepaid Inc. (Name of Corporation)  DOCUMENT NUMBER: P07000031463
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Adrew Konig (Name of Person)
(Name of Firm/Company)
300 71 Street, Suite 500
Miami Beach, FL 33141 (City/State and Zip Code)
For further information concerning this matter, please call:
Andrew Konig at (305) 432-6665 (Name of Person) at (305) 432-6665 (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

, Andrew Konia	, hereby resign as	President
		(Title)
of Mr Prepaid (Name of	Corporation)	
P 07000031463. (Document Number, if known)	a corporation organized under	er the laws of the State of
Florida.		

(Signature of resigning officer/director)

UNISION OF CORPORATIONS
IN SEP 19 PM 3: 20

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