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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
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Special Instructions to	Filing Officer:	
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DIVISION OF CORPORATIONS

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SIN (Name of Corporation)
DOCUMENT NUMBER: PO) assoc 450 3
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)
773 Jo WAMMA AUE
Address) (Address) ENTLEWOOD FL 34223 (City/State and Zip Code) For further information concerning this matter, please call:
For further information concerning this matter, please call:
(Name of Person) at (941) 475.761) (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
409 E. Gaines Street
Tallahassee, FL 32399

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

SOSAN M. DONUCZICZ, hereby resign as UPT)	
(Name of Corporation)		_ 1
Polocument Number, if known). a corporation organized under the laws of the S	tate of	
G-CORIDA	ಪ	DIVIS
	HAY 18	CRETAR ION OF
Sum (Signature of resigning officer/director)	90 :ZI HV	Y OF ST
	<u>8</u>	ATENS

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