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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: FARSIDE ENTERPAISES INC (Name of Corporation)			
DOCUMENT NUMBER:			
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
MICHAEL WISEMAN (Name of Person)			
FAASIDE ENTER PAISES INC (Name of Firm/Company)			
PO BOX 3273 (Address)			
APOLLO BEACH FL 33572 (City/State and Zip Code)			
For further information concerning this matter, please call:			
MICHAEL WISEMAN at (813) 310-8468 (Area Code & Daytime Telephone Number)			
Enclosed is a check for \$35.00 made payable to the Florida Department of State.			

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

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,(JERNON. GRA-	+ Boog , hereby resign as_	Uice-president
of	FARSIDE &	Name of Corporation)	Inc.
	(Document Number, if known)	, a corporation organized un	der the laws of the State of
FI	orida	,	

(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

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