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(Re	questor's Name)				
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(Cit	ty/State/Zip/Phone	- #\			
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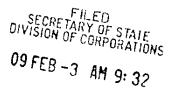
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COVER LETTER

TO:	Amendment Section Division of Corporations	14
SUB	JECT:	Name of Corporation)
DOC	UMENT NUMBER:	P07000072491
The e	enclosed Officer/Director Resi	gnation for a Corporation and fee are submitted for filing
Pleas	e return all correspondence co	ncerning this matter to the following:
	Name of Per	son)
•	(Name of Firm/Co	ompany)
	8508 ANDOVET	2 bridge et.
	Only City/State and Zi	- 32829 p Code)
For fi	urther information concerning	this matter, please call:
	(Name of Person)	at (321) 2366980 (Area Code & Daytime Telephone Number)
Enclo	osed is a check for \$35.00 mag	le payable to the Florida Department of State.
Amer Divis Clifto 2661	et Address: Indicate the Address: Indicate t	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



ı, <u>L</u>	<u> 27 v.</u>	J. GAN	CLA	, hereby resign	as	Vice	PRESTO	Jeut
of		Digi	CA (ation)				<u> </u>
Po7 (Docum	DO OO nent Num	72491 ber, if known)	, a corp	oration organized	d under	the laws o	f the State of	of
F	lov	Ab5						
			-	11				
			(Signature	resigning officer/o	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