P07000081408

(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:			
Special instructions to 1 ming officer.			

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07/30/08--01006--015 **35.80

FILED
2008 JUL 30 AM 9: 47
SECRETARY OF STATE

officer Resignation

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: FAPAWHI INC (Name of Corporation)
DOCUMENT NUMBER: <u>60700081408</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Carla Paul (Name of Person)
FA PA WHI INC (Name of Firm/Company)
2514 South Atlantic Aue (Address)
Daytona Beach Shoves Fl 32/18 (City/State and Zip Code)
For further information concerning this matter, please call:
Carla Paul at (386) 852-6798 (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

1, Carla Paul	, hereby resign as $VP - 500$	C-TROS
of FA PA WHI	ne of Corporation)	,
P07000S1408 (Document Number, if known)	, a corporation organized under the laws of th	
Florida	.	FILL 30 SECRETARS
		30 AM
Con	(Signature of resigning officer/director)	9: 47 STATE FLORIDA

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