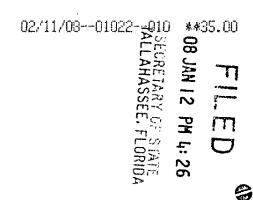
## P07000082400

(Requestor's Name)
(Address)
,
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





400117482964



officulusign cummurphy 2/14/08

## **COVER LETTER**

SUBJECT: COLWORX TECH INC (Name of Corporation)
DOCUMENT NUMBER: PØ7ØØØØ824ØØ
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MIKE BOYCE (Name of Person)
(Name of Firm/Company)
118 15 PLACE (Address)
MANYATTAN GEACUS CA 90266 (City/State and Zip Code)
For further information concerning this matter, please call:
MIKE BOYLE at (310) 279-7826 (Name of Person) (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

Amendment Section Division of Corpórations

TO:

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, DANIER J VOCCI	, hereby resign as	SECCETART (Title)
of COLWORX TO	ECH, INC f Corporation)	,
P \$ 7 \$ \$ \$ \$ \$ \$ 24 \$ \$ \$ (Document Number, if known)	, a corporation organized unde	er the laws of the State of
FLORIDA		
	gnature of resigning officer/director	<b>D</b> #: 26  SIAIE LORIDA
		<u> </u>

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