

P07000083358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

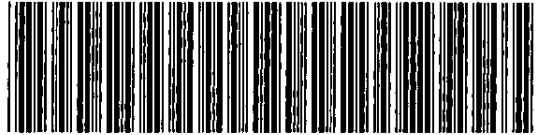
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Officer Resign  
Crim Murphy  
12/14/07

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 7 Best Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P07000083358

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrea Orsini  
(Name of Person)

7 Best Inc  
(Name of Firm/Company)

702 NE Jordan Ter.  
(Address)

Port St. Lucie, FL 34983  
(City/State and Zip Code)

For further information concerning this matter, please call:

Andrea Orsini at ( 772 ) 340-2513  
(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

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

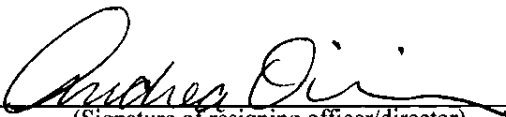
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Andrea Orsini, hereby resign as S.D.  
(Title)

of 7 Best Inc.  
(Name of Corporation)

P07000083358, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

**FILED**  
**07 DEC 13 PM 2:12**  
SECRETARY OF STATE  
TALLAHASSEE, 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