P07000086891

(Requestor's Name)				
(Address)				
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(2) (2)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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(Business Entity Name)				
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(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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2008 FEB 25 PH 1: 25
SECRETARY OF STATE
SECRETARY OF STATE

officer Resignation

TB 2-26-08

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	TECT: Continental Data Processing Inc.
5020	(Name of Corporation)
DOC	UMENT NUMBER: P07000086891
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	e return all correspondence concerning this matter to the following:
Silvi	a Leggett
	(Name of Person)
	(Name of Firm/Company)
	(
300	5 Sunset Vista Blvd
	(Address)
Kiss	simmee,FI 34747
	(City/State and Zip Code)
For fi	orther information concerning this matter, please call:
Silvia	a Leggett at (305) 807-2360 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divis Clifto 2661	Mailing Address: Address: Amendment Section Amendment Section Orivision of Corporations Orivision of Corporation of Corporations Orivision of Corpor

, nereby resign as	11/30/2007	シェル
		(Title)
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ooration organized ur	der the laws of	the State of
Leggett	tor	_
	ation) poration organized un Leggett	, hereby resign as

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