## P07000088625

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

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10 JAN -8 PM 2: 4 SECRETARY OF STAIL



## **COVER LETTER**

•
SUBJECT: The Office of Corporation)
DOCUMENT NUMBER: PODOXXX 8625
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
PATRICIA RUBETTS (Name of Person)
(Name of Firm/Company)
4539 SAUFIOU FIOLARD
(City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (State Code & Daytime Telephone Number)

TO:

**Amendment Section Division of Corporations** 

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, PATRICIA ROBERTS, hereby resign as PRESCONT
(Title)
of (Name of Corporation)
(Document Number, if known), a corporation organized under the laws of the State of
- 105:00 F
(Signature of resigning officer/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

SECRETARY OF STATE

APPROVEL AND FILED