## PD700003003

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	·
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

Division of Corporations
SUBJECT: Cricla Zac. (Name of Corporation)
DOCUMENT NUMBER: PO7000103663
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Frantz Jouis Je. (Name of Person)
(Name of Firm/Company)
3057 SIN PORPOISE Circle (Address)
Stuart FL 34997 (City/State and Zip Code)
For further information concerning this matter, please call:
(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

TO: Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Flode Shambley	, hereby resign as Tirector (Tide)
	(Title)
of CrielA Znc.	7
(Na	me of Corporation)
POTOCOLO3 663 (Document Number, if known)	a corporation organized under the laws of the State of
Florida	················
/	
<del>/ \\\</del>	(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

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