0700010418

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





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06/30/08--01028--001 **35.00

officer Pesignation

TB 1/2/18

COVER LETTER

SUBJECT: Sticling P. to II II (Name of Corporation)
DOCUMENT NUMBER: POZOZO 104188
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Name of Person)
Manten Lifigation Spart Grap (Name of Firm/Company)
1930 /tarrison Street Suite 204 (Address)
Holly was I Flunde 330VD (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (954) 924-253/ (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

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

CONET OF THE

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

SECRETARY OF THE 18 Sand ZINN hereby resign as Dresident Stirling P, ta II Inc.
(Name of Corporation) (Document Number, if known), a corporation organized under the laws of the State of

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