## \*P07000113354

| (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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SECRETARY OF STATE

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## **COVER LETTER**

Amendment Section

TO:

| Division of Corporations  |
|---|
| SUBJECT: AMERISTAC REALLY (Name of Corporation)  DOCUMENT NUMBER: P07000 113354               |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following:                     |
| MARTIN TODO RADEN (Name of Person)  |
| (Name of Firm/Company)  |
| Boo, MU 106 AVE (Address)   |
| CRAL SOLING CODE)  (City/State and Zip Code)  |
| For further information concerning this matter, please call:                                  |
| MARTIN RISOEN at (954) 345.5530 (Area Code & Daytime Telephone Number)                        |

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

CR2E044(08/05)

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, LINDA KRISOEN, hereby resign as P. V. T.              | S<br>Vitle)         |          |    |
|--|---------------------|----------|----|
| of Augristac Really Inc. (Name of Corporation)           |                     |          | _, |
| (Document Number, if known)  (Document Number, if known) | ie State            | of       |    |
| Y toping.  | CHETARY<br>LAHASSEI | t- NOC   | F  |
|  | OF STATE            | AM 9: 46 |    |
| (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