## P07000122373

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

Office Use Only



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03/25/10--01018--005 \*\*35.00



OD Resign.

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## **COVER LETTER**

SUBJECT: KdeSign (Name of Corporation)
DOCUMENT NUMBER: PO7000 122373
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)
(Name of Find/Company)
2855 COPER Ridge CT
Lake Mary FL 32746 (City/State and Zip Code)
For further information concerning this matter, please call:
Kim Smith at (321) 299 6642 (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

Amendment Section Division of Corporations

TO:

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

CR2E044(08/05)

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, <u>Samie Smith</u> , hereby resign as <u>Vice President</u>
of Kdesign, Inc. (Name of Corporation),
(Document Number, if known)  22373 a corporation organized under the laws of the State of
<u>Horida</u>
(Signature of resigning officer/director)  AM  AM
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