P07000003153

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

Office Use Only

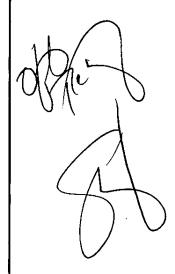




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SECRETARY OF STATI



COVER LETTER

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

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Lorey	Meclain	, hereby resign as Director / President (Title)	
ofCC	MECLAIN + SO	ON . INC me of Corporation)	
	0123153 nent Number, if known)	, a corporation organized under the laws of the State of	
FLORE	ρĄ	······································	
	Congression	SECRETARY OF STATE ASSEE, FLOR	ŧŧ
		2: 4 LORI	

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314