P07000132690

(Re	equestor's Name)	
(Address)		
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



800239609438

Nesegnation 50 of free 09/26/12-01032-011 **35.00

FILED
2012 SEP 26 PM 3: 46
TALLAHASSEE. FLORIDA

100R 9/27/12

COVER LETTER •

Amendment Section Division of Corporations

TO:

SUBJECT: RESIGNATION O	F OFFICER
SUBJECT: TESTSTATION	(Name of Corporation)
POGULARIA NUMBER PO	77000132690
DOCUMENT NUMBER: PO	
The enclosed Officer/Director Re	signation for a Corporation and fee are submitted for filing
Please return all correspondence of	concerning this matter to the following:
KIRON SENAPATI	
(Name of Pe	erson)
EQUIPMENT TECHNOLOGI	ES CORPORATION
(Name of Firm/	Company)
3837 NORTHDALE BOULEV	'ARD #319
(Addres	s)
TAMPA, FL 33624	
(City/State and	Zip Code)
For further information concerning	ng this matter, please call:
KIRON SENAPATI	at (813) 973-2041 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 m	ade 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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

2012 SEP 26 PM 3: 46

SECRETARY OF STATE TALLAHASSEE, FLORIDA

, hereby resign as VICE PRESIDENT
(Title)
ORATION ,
ration organized under the laws of the State of
evapati 9-24-12 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