## P08000010625

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Na	me)	
(Document Number)			
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M/RW Resign

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SECRETARY OF STATE
TALLAHASSEE. FLORID.

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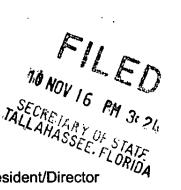
## **COVER LETTER**

Amendment Section Division of Corporations

TO:

Triple C TV Inc	
SUBJECT: Triple C TV, Inc.  (Name of Corporation)	
DOCUMENT NUMBER: P 08000010625	
The enclosed Officer/Director Resignation for a Corporation and fee are	submitted for filing.
Please return all correspondence concerning this matter to the following:	
David Desrochers	
(Name of Person)	
Triple C TV, Inc.	
(Name of Firm/Company)	
315 Inlet Way	
(Address)	
Palm Beach Shores, Fl. 33404	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Alexandra Weichselgartner at ( 772 ) 595-3159	
Alexandra Weichselgartner at (772) 595-3159  (Name of Person) (Area Code & Daytime 7)	elephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of	f 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



David Desrochers	herehv resign as	Vice-President/Director
±,	, neroby resign as_	(Title)
of_ Triple C TV, Inc.		
(Nar	ne of Corporation)	,
P 08000010625 (Document Number, if known)	, a corporation organized un	der the laws of the State of
Florida	·	
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## FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

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