

P08000026510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

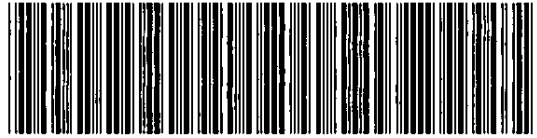
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900158523549

*Resignation
to officer*

07/30/09--01009--020 **35.00

2009 JUL 30 PM 4: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

*APR
8/3/09*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EPITOME INC.
(Name of Corporation)

DOCUMENT NUMBER: PO8000026510

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MACORIAH SPELLMAN / ^{AKA} CORI SPELLMAN (same person)
(Name of Person)

EPITOME INC.
(Name of Firm/Company)

2032 WATER KEY DR
(Address)

WINDERMERE FL 34786
(City/State and Zip Code)

For further information concerning this matter, please call:

MACORIAH SPELLMAN at (305) 7611682
(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

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

2009 JUL 30 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

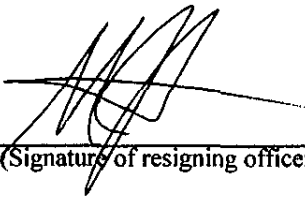
AKA CORI SPELLMAN

I, MACORIAH SPELLMAN, hereby resign as DIRECTOR
(Title)

of EPITOME INC
(Name of Corporation)

PO8000026510, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(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