P08000026861

(Requestor's Name)
(Address)
(Address)
. (City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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SECRETARY OF STATE

Officer Resignation

a/a

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: NEWS MOSST, TAK (Name of Corporation) DOCUMENT NUMBER: P 080000 26861
DOCUMENT NUMBER: P 08000026861
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)
LAW OFFICE OF LAVIER SURER
221 ARAGOJ AJO + 204
CORAL GIBLES, El. 33174 (City/State and Zip Code)
(City/State and Zip Code) For further information concerning this matter, please call:
Name of Person) at (30T) 496 3484 (Area Code & Daytime Telephone Number)
(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

		/ DIRECTOR RES OR A CORPORAT	_	200 A	ANII. 34
Ro 1001210	Podricus	궁, hereby res	ign as Prosi	Down (Title)	EFOFS ATE
PO8 0000	PROJET (Name			,	
(Document Nur	aber, if known)	, a corporation organi	zed under the laws of		
,	_		7.5		

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