

P08000031317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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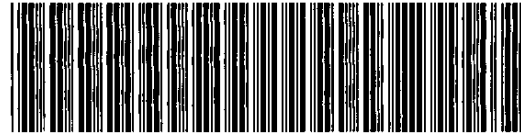
(Business Entity Name)

(Document Number)

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10/29/10--01022--022 **35.00

10 OCT 29 PM 1:11

FILED

O/D
Resign.

11-3-10

DC

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Niklas Borg, hereby resign as Officer
(Title)

of No. 1 Spirits, Inc
(Name of Corporation)

908000031317, a corporation organized under the laws of the State of
(Document Number, if known)

FLA

Niklas Borg
(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

10 OCT 29 PM 1:16

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