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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: ANASTASIA RAW MISSION AND Complete forthe Refer to Consortation)
DOCUMENT NUMBER:   PO 80090 386 9
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
BRUE ROGERS (Name of Person)
(Name of Person)  ANASTASIA KANSMISSIM AND Complete Mult Repair Corp.  (Name of Firm/Company)
3u Apastasia BLVA.  (Address)
St. Ay. 7L 32080 (City/State and Zip Code)
•
For further information concerning this matter, please call:
Bruce Rogels (Name of Person) at (Go4) 494 6404 (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 RESI FOR A CORPORATION	F. La
I, BRUCE E- ROGERS, hereby resig	n yes an
of ANASTALIA (LANS M KSINA and Complete A	(Title)
Process 201 Q1	ed under the laws of the State of

(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