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TO:	Amendment Section Division of Corporations
SUBJ	JECT: In This City Corp (Name of Corporation)
	(Name of Corporation)
DOC	UMENT NUMBER:
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
Ron	ald Park
*******	(Name of Person)
In T	his City Corp.
	(Name of Firm/Company)
110	Live Oaks Blvd.
	(Address)
Cas	selberry, Florida, 32701
	(City/State and Zip Code)
For fu	urther information concerning this matter, please call:
Jona	than Leinwand P.A. at (786) 797-9178 (Name of Person) (Area Code & Daytime Telephone Number)
-	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amen Divisi Cliftor 2661 I	Address: dment Section on of Corporations on Building Executive Center Circle assee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

CR2E044(08/05)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Ronald Park	, hereby resign as_	mas Chairman	
, , , , , , , , , , , , , , , , , , , ,	, nervoy resign as_	(Title)	
of In This City Corp.			
(N	ame of Corporation)		
(Document Number, if known)	, a corporation organized un	der the laws of the State of	
Florida	***************************************		
	and W		

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