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(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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10/20/08--01009--017 **35.00

officer Resignation
TB 106368

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Chrome & Kandy Customs Inc. (Name of Corporation)
DOCUMENT NUMBER: PO 86000 41227
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Buster B. Strmons (Name of Person)
Chrone + Kandy Customs Inc. (Name of Firm/Company)
11855 N. Main St Ste# 3 (Address)
Jacksonville FL 32218 (City/State and Zip Code)
For further information concerning this matter, please call:
Bus ter Silmons at (904) 860 2380 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327

Tallahassee, FL 32314

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Buster B. Simmon	5 , hereby resign as Pres	rident/Dwner (Title)
of Chrone + Kan	dy Customs Inc. ande of Corporation)	,
PO 80000 41227 (Document Number, if known)	, a corporation organized under the la	aws of the State of
Florida	·	
Luste	(Signature of resigning officer/director)	FILED 2008 OCT 20 PM 3: 56 TALLAHASSEE, FLORIT

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