P0800057134

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Chity Name)
(Document Number)
(Booking Hambol)
. Certified Copies Certificates of Status
Ossidla de Silva Offi
Special Instructions to Filing Officer:
·
:

Office Use Only



500140442705

01/14/09--01025--022 **35.00





COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: We made It inc. (Name of Corporation)
DOCUMENT NUMBER: \$\\ \text{POS 0000 5 7/34}
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Anthony H. Singletary II (Name of Person)
We made It in C. (Name of Firm/Company)
7901 NW 7th ave (Address)
Miami Fl 33150 (City/State and Zip Code)
For further information concerning this matter, please call:
Anthony Singletery II at (786) 3769683 (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)

: 1

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Anthony H. Singletary II, hereby resign as C. E.O (Title)	
of we made It neorporated (Name of Corporation)	_,
(Document Number, if known), a corporation organized under the laws of the State of	
Florida	
Signature of resigning officer/director) ALLARY OF S. (Signature of resigning officer/director)	FILED

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