## P0800058545

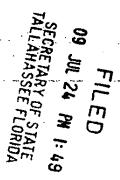
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
,				





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07/24/09--01032--011 \*\*35.00





## **COVER LETTER**

Division of Corporations .
SUBJECT: Technikote Florida (Name of Corporation)
DOCUMENT NUMBER: PO 8 000 0 5 8 5 4 5
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 JANNO JR (Name of Person)
Technikote FLORIDA  (Name of Firm/Company)
883 Cassena Road (Address)
Naples FL 34108 (City/State and Zip Code)
For further information concerning this matter, please call:
ANThony Ianno at (239) 823-5298 (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

TO: Amendment Section

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

,				
•				OWNER
I, ANTHO	NY IANN.	o In, hereby resign as	VP Administrate (Title)	is in / Ontited
			(Title)	,
		•		
of Tech	n, Lote (Name	FLORIDA		•
•	(Name	of Corporation)		
POKOBO?	58545 umber, if known)	, a corporation organized u	nder the laws of the State of	
Flore				
		<del></del>		
	1		1.4	
	Synth	Signature of resigning officer/direct		
	$\cdot$	Signature of resigning officer/dire	ctory	
	1000 1000			
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			£8. 3	0
	1		A.R.	_

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