P08000014097

| (F | equestor's Name) |
|-------------------------|------------------------|
| (A | ddress) |
| | ddress) |
| (0 | ity/State/Zip/Phone #) |
| PICK-UP | ☐ WAIT ☐ MAIL |
| | usiness Entity Name) |
| (C | ocument Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to | Filing Officer: |
| | |
| | Office Use Only |



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| TO: | | unent Section . |
| | DIVISIO | n of Corporations |
| | | |
| SUBJ | ECT: | ummit Engineering, Inc Officer Resignation |
| ~ ~ ~ ~ | بريد - ٥٠ | (Name of Corporation) |
| DOCU | JMENT | NUMBER: <u>P08000074097</u> |
| The er | closed (| officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Please | return a | ll correspondence concerning this matter to the following: |
| | | Brian Markal |
| | <u></u> | Brian Maskol |
| | | (1) |
| Si | ımm | + Design + Forensics, Inc. (Name of Firm/Company) |
| | | , |
| -1, | \ - | Se Doct St Lucia Phys Suite 203 |
| | 7.7 | SE Port St. Lucie Blvd, Suite 203 (Address) |
| _ | | (1.131.555) |
| Por | + 5+ | City/State and Zip Code) |
| 1-6 | | (City/State and Zip Code) |
| | | rmation concerning this matter, please call: |
| | | |
| Bi | <u>ran</u> | (Name of Person) at (772) 285-0572 (Area Code & Daytime Telephone Number) |
| _ | | (Name of Person) (Area Code & Daytime Telephone Number) |
| Englos | ad ic a c | heck for \$35.00 made payable to the Florida Department of State. |
| Encios | scu is a c | Process for \$33.00 made payable to the Florida Department of State. |
| | | |
| | ig Addr | |
| | dment So on of Co | ettion Amendment Section porations Division of Corporations |
| P.O. B | ox 6327 | 2661 Executive Center Circle |
| Tallah | assee, FI | U 32314 Tallahassee, FL 32301 |

CR2E044 (05/13)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| ı, <u>B</u> r | ian Maskol, hereby resign as P (president/ (Title) |
|---------------|--|
| of | ummit Engineering, Inc. (Name of Corporation) |
| 4080 | cument Number, if known), a corporation organized under the laws of the State of |
| FL | prida |
| : | (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