

P08000083510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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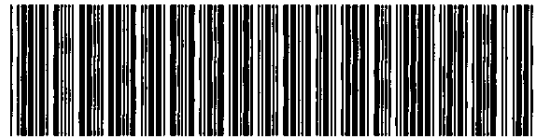
(Business Entity Name)

(Document Number)

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Resign.
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Czar Capital Inc.

(Name of Corporation)

DOCUMENT NUMBER: _____

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Lukianoff

(Name of Person)

Czar Capital Inc

(Name of Firm/Company)

767 Lexington Avenue Suite 305

(Address)

New York, NY 10065

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Lukianoff

(Name of Person)

at **813 786-8601**

(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
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Laura L. Martin, hereby resign as Director, Vice President & Secretary
(Title)

of Czar Capital Inc.
(Name of Corporation)

(Document Number, if known), a corporation organized under the laws of the State of
Florida


(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

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FILED