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SECRETARI OF STATE
TALL ARRASSEE. FLORIDA

Seyn-M

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Thornguest Inc. (Name of Corporation)
DOCUMENT NUMBER: <u>P080000 98059</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Billie S. Thornquest
Name of Person) Sunshine Offee Service (Name of Firm/Company)
PO Box 121017
(Address) West Melbourne F2 329/2 (City/State and Zip Code)
For further information concerning this matter, please call:
Billie Thornguest at (321) 795-2557 (Name of Person) (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

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

	DIRECTOR RESIGNA R A CORPORATION	TION, APR-8 AM II: II
I, Billie S. Thorng	JUCS , hereby resign as_	E. FLORIE
of Thornquest (Name of	of Corporation)	
Po 80000 98059 (Document Number, if known)	_, a corporation organized und	er 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