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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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COVER LETTER

| TO: Amendment Section Division of Corporations |
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| SUBJECT: / LIR TOMP of Control Florida, 1ex |
| DOCUMENT NUMBER: 40800099728 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Mark Suov (Name of Person) |
| (Name of Firm/Company) Florida, ICC. |
| Celebration FC 34747 (City/State and Zin Code) |
| Celebration & 34747 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| (Name of Person) at (301) 559-1030 (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 |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, Wo way Mc wally hereby resign as Thector | (Secretar) |
|--|----------------------------------|
| of AllTens of Contral Florida (Name of Corporation) | <i>IUC</i> ,, |
| (Document Number, if known), a corporation organized under the laws of the | State of |
| Florida. | 09 SE I SECKE |
| ^ | FILE PIL I |
| (Signature of resigning officer/director) | AM 9: 06 Of state of state |
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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