

POB000100165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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300163355203

Resignation  
of officer

12/07/09--01020--018 \*\*35.00

FILED  
2009 DEC -7 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12/10/09

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Resignation of Officer  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** 908000100165

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

Please return all correspondence concerning this matter to the following:

David Cochrane

\_\_\_\_\_  
(Name of Person)

Fluent Business Solutions, Inc.

\_\_\_\_\_  
(Name of Firm/Company)

9000 Sheridan Street, 2A

\_\_\_\_\_  
(Address)

Pembroke Pines, FL 33024

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

David Cochrane

\_\_\_\_\_  
(Name of Person)

at ( 954 ) 622-8424

\_\_\_\_\_  
(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**

**FILED**  
2009 DEC -7 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Robin Mizerak, hereby resign as Vice President  
(Title)

of Fluent Business Solutions, Inc.  
(Name of Corporation)

108000100465, a corporation organized under the laws of the State of  
(Document Number, if known)

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