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

| SUBJECT | Γ: | E2 ENTERPRIS | ES, INC. | |
|-----------------------------------------------------------------------------------|-------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------------------|--|
| | ••• <u> </u> | (Name of Cor | poration) | |
| DOCUMI | ENT NUMBER: | P09000015162 | | |
| The enclos | sed Officer/Director Re | esignation for a Corporat | tion and fee are submitted for filing | |
| Please retu | ırn all correspondence | concerning this matter to | o the following: | |
| n High het er | CAM A | ΓES | | |
| | (Name of F | 'erson) | | |
| | E2 ENTERPRIS | SES, INC. | | |
| | (Name of Firm | (Company) | _ | |
| | 26853 SAXONY V | VAY # 306 | | |
| • | (Addre | ss) | ••• | |
| | WESLEY CHAPE | L, FL 33544 | | |
| | (City/State and | Zip Code) | • | |
| For further | r information concerni | ng this matter, please cal | l: | |
| | CAM ATES | at (813 | 239-4888 ode & Daytime Telephone Number) | |
| | (Name of Person) | (Area C | ode & Daytime Telephone Number) | |
| Enclosed is | s a check for \$35.00 m | ade payable to the Florio | la Department of State. | |
| Street Add Amendmen Division of Clifton Bui 2661 Exect Tallahassed | nt Section | Mailing Address: Amendment Section Division of Corpora Post Office Box 632 Tallahassee, FL 323 | tions 7 | |

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TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ENT (Title)

| I. | CAM ATES | , hereby resign asPRESID | ENT | 7,0 | |
|-------------|-----------------------------|------------------------------------------|-------------------|-----|--|
| -, <u></u> | | · · · · · · · · · · · · · · · · · · · | (Title) | | |
| of | E2 ENTER | RPRISES, INC. | | | |
| V. <u> </u> | (Name of Corporation) | | | | |
| | P09000015162 | , a corporation organized under the lav | vs of the State (| of | |
| | (Document Number, if known) | , a corporation organized under the lat- | vs or the state (| | |
| | FLORIDA | | | | |
| | | <u>—</u> · | | | |
| | | | | | |

(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