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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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(Decument Number)			
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Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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Off Resign Teurs 7-9-09

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: The Dark Room Design in Carp. (Name of Corporation)
DOCUMENT NUMBER: 9090000 21059
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
HI: Kasmaii (Name of Person)
(Name of Firm/Company)
12666 S.W.94Ct. (Address)
Miani, Fl. 3317
(City/State and Zip Code)
For further information concerning this matter, please call:
A\: $\frac{345}{\text{(Name of Person)}}$ at $\frac{345}{\text{(Area Code & Daytime Telephone Number)}}$
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

09 JUL -7 AM 10: 52

		AM 10: 52
		TALLAHASSEE, FLORIDA
, Ali Kasmaii	, hereby resign as Vice	President:
		(Title)
of the Dark Room	Design in corp.	
(Nam	e of Corporation)	
Pogoooo 21059 (Document Number, if known)	, a corporation organized under the law	ws of the State of
Florida	······································	
	,	
	/ /	

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314