P09000025953

(Requestor's Name)		
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	ne)
(Document Number)		
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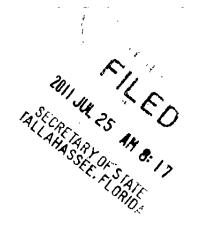
off. Resign.
TBrown 7-26-11

COVER LETTER

P .

то:	Amendment Section Division of Corporations		
SUB	JECT: KOLMIRA INC.		
(Name of Corporation)			
DOC	CUMENT NUMBER: P09000025953		
The e	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing		
Pleas	se return all correspondence concerning this matter to the following:		
RA	DIM KOLEJKA		
	(Name of Person)		
KO	LMIRA INC.		
	(Name of Firm/Company)		
235	NE 23 AVENUE		
	(Address)		
PO	MPANO BEACH FL 33062		
	(City/State and Zip Code)		
For f	urther information concerning this matter, please call:		
RAD	OIM KOLEJKA at (974) 899 - 1789 (Name of Person) (Area Code & Daytime Telephone Number)		
	(Name of Person) (Area Code & Daytime Telephone Number)		
Enclo	osed is a check for \$35.00 made payable to the Florida Department of State.		
Amer Divis Clifto 2661	Mailing Address: Amendment Section Sion of Corporations On Building Executive Center Circle hassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314		

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



_{I.} Michal Kolejka	, hereby resign as Vice President	
	(Title)	
IZOLIMIDA INO		
of KOLMIRA INC.		
(Narr	ne of Corporation)	
P09000025953	a corporation organized under the laws of the State of	
(Document Number, if known)		
Florida		
	·	
	m I A W. I. b.	
	(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