P09 0000 28088

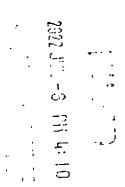
(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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Olo Resignation

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TRANSMITTAL LETTER

SUBJECT:(Name of Corp	oration)	
DOCUMENT NUMBER: P09000028088			
The enclosed Officer/Director Resignation fo	or a Corporat	on and fee are submitted for filin	g.
Please return all correspondence concerning	this matter to	the following:	
Bret Robbins			
(Name of Person)			
BNT Services			
(Name of Firm/Company)		_	
590 SW 9th Terrace, Suite 1			
(Address)		_	F-3
Pompano Beach, FL 33069			2522 JUL
(City/State and Zip Code)		_	. (
For further information concerning this matte	er, please call	:	င်ခ
Bret Robbins	954	233-0126	. <u> </u>
(Name of Person)	at (ode & Daytime Telephone Number)	£.

Mailing Address:

Amendment Section

Division of Corporations

TO:

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

Street Address:

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Tom Zeschke	President, hereby resign as	
1,	(Title)	
BNT Services, Inc		
(Nan	ne of Corporation)	<u> </u>
P09000028088	a corporation organized under the laws of the State	e of
(Document Number, if known)	a corporation organized under the raise of the balle of	
Florida		
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	(Signature of resigning officer/director)	2022 JU
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		C 7)
		73.3

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