

P09000042234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

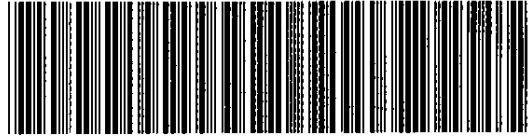
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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Tears
6-14-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Byron Allen, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P09000042234

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

Please return all correspondence concerning this matter to the following:

Byron Allen
(Name of Person)

Byron Allen, Inc.
(Name of Firm/Company)

995 Mohawk Street
(Address)

Jupiter, FL 33458
(City/State and Zip Code)

For further information concerning this matter, please call:

Byron Allen at (561) 262-1954
(Name of Person) (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

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11 JUN 13 AM 11:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Harold G. Allen, hereby resign as Vice President
(Title)

of Byron Allen, Inc.
(Name of Corporation)

P09000042234, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Harold G. Allen
(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