## P09000042691

. (Requestor	's Name)
(Address)	
(Address)	
(City/State/	Zıp/Phone #)
PICK-UP	WAIT MAIL
(Business (	≘ntity Name)
(Document Number)	
Certified Copies C	ertificates of Status
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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## **COVER LETTER**

Resignation of James Elwood Schwentker from Ballerz Inc. (Name of Corporation) P09000042691 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Christopher Favian Clai (Name of Person) Ballerz Inc. (Name of Firm/Company) 16745 Cagan Crossings Blvd Suite #102B-514 (Address) Clermont, FL 34714 (City/State and Zip Code) For further information concerning this matter, please call: Christopher Favian Clai (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Mailing Address: Amendment Section Division of Corporations Street Address: Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Post Office Box 6327 Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations February 1<sup>st</sup>, 2010

Christopher Clai Ballerz, Inc. 16745 Cagan Crossings Blvd Suite #102B-514 Clermont, FL 34714

Dear Christopher Clai,

Please accept this as my resignation to Ballerz, Inc., effective immediately. I regret the inconvenience it will cause, but circumstances have left me no choice.

I forfeit all stock or ownership in any idea formed or obtained during my tenure in the company and agree not to compete with the company directly for the next three years.

I agree not to hold the company liable for use of my ideas, or reserve any claims for a later date in court, for any reason against the company, at any time.

Sincerely,

James 9 7

James Elwood Schwentker

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



James Elwood Schwentker	, hereby resign as COO / D
	(Title)
<sub>f</sub> Ballerz Inc.	
	e of Corporation)
P09000042691	a corporation organized under the laws of the State of
(Document Number, if known)	
Florida	
Λ.	/ / _
(James)	1-6A
	(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