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| (Req | uestor's Name) | - |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
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TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: DUC SICY (CILINGIP) (Name of Corporation) DOCUMENT NUMBER: PCG(CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC |
| |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following: |
| (Name of Person) |
| (Name of Firm/Company) |
| (Address) |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| (Name of Person) at (CICI) SCID (CGII) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for \$35.00 made payable to the Florida Department of State. |
| Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301 |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, _ | Joeq Cipki Glilletter, hereby resign as VER-registered Regard |
|------|---|
| of_ | (Name of Corporation) |
| | (Document Number, if known). a corporation organized under the laws of the State of |
| | McKacla. |
| | (Signature of resigning officer/director) |
| | FILING FEE IS \$35.00 25 |

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

Make checks payable to Florida Department of State and mail tox