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COVER LETTER

Name of Corporation) 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) For further information concerning this matter, please call: Enclosed is a check for \$35.00 made payable to the Florida Department of State.

TO:

Amendment Section Division of Corporations

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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SECRETARY OF STATE TALLAHASSEE, FLORID!

, AMOUN VIIIA , hereby resign as DYSIACHT (Title)	
of Trans-usa-inc	
(Name of Corporation) PO9000000000000000000000000000000000000	•
(Document Number, if known)	
(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