P10000024443

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	
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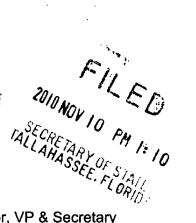
COVER LETTER

SUBJECT: Braille Battery, Inc.	
(Name of Co	orporation)
DOCUMENT NUMBER: P10000024443	and the control
The enclosed Officer/Director Resignation for a Corpora	ation and fee are submitted for filing
Please return all correspondence concerning this matter	to the following:
Blake Fuller	
(Name of Person)	_
Braille Battery, Inc.	
(Name of Firm/Company)	
6935 15th Street East, Building 115	
(Address)	
Sarasota, FL 34243	
(City/State and Zip Code)	
For further information concerning this matter, please ca	all:
John W. West III at (941	953-9600 Code & Daytime Telephone Number)
(Name of Person) (Area	Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Flor	rida 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 Corpor Post Office Box 63 Tallahassee, FL 32	rations 327

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I. STEVEN TARTAGLIA	, hereby resign as	Director, VP & Secretary	
	,	(Title)	
of BRAILLE BATTERY, INC.			
	e of Corporation)		
P10000024443	, a corporation organized under the laws of the State of		
(Document Number, if known)			
Florida			

FILING FEE IS \$35.00

er/director)

Make checks payable to Florida Department of State and mail to:

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