110000046267

| (Requestor's Name) |
|---|
| |
| (Address) |
| · |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Our in the street in the Sill of Office |
| Special Instructions to Filing Officer: |
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Office Use Only



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09/20/10--01007--021 **35.00

M/RW Resign

AO SEP 20 AM II: L6
SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: Name of Corporation) DOCUMENT NUMBER: 1 00000 46 267 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| |
| Please return all correspondence concerning this matter to the following: |
| Jeremy Ciller (Name of Person) |
| (Name of Firm/Company) |
| 12200 Vonn Rd, # 1/08 (Address) |
| Largo FL 3377 ((City/State and Zip Code) |
| For further information concerning this matter, please call: |
| $\frac{\int (\text{remy G.}) }{\text{Name of Person}} \text{ at } (\frac{\mathcal{S}(3)}{\text{Area Code & Daytime Telephone Number}})$ |
| 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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, Jere my G. Ily, hereby resign as VPD (Title) | |
|---|----|
| of Name of Corporation), | |
| (Document Number, if known), a corporation organized under the laws of the State of | م. |
| FloridA. | |
| (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