## 7000046838

(Re	equestor's Name)	
	ddress)	
	ddress)	
(Ci	ty/State/Zip/Phone	> #)
PICK-UP		MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
· · · ·	Office Use Onl	



11/12/10--01025--020 \*\*\*35.00



0/DResign. 11/17/10 Dr



**TO:** Amendment Section Division of Corporations

SUBJECT: Kavasutra III, Inc.

(Name of Corporation)

## DOCUMENT NUMBER: P10000046838

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anthony Childers

(Name of Person)

Kavasutra III, Inc.

(Name of Firm/Company)

1900 Municipal Lane

(Address)

Melbourne, FL 32901

(City/State and Zip Code)

For further information concerning this matter, please call:

Anthony Childers

(Name of Person) at (\_\_\_\_\_) (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, John Shealy	, hereby resign as PSD(Title)	
of Kavasutra III, Inc.		
(Name	e of Corporation)	
P10000046838 (Document Number, if known)	, a corporation organized under the laws of the State of	
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