

P10000067124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900185659619

09/27/10--01030--010 **35.00

FILED
10 SEP 27 PM 3:45

O/D Resign.

DC

9-29-10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Eye 4 Design & Printing Inc.
(Name of Corporation)

DOCUMENT NUMBER: P1000000 67124

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

Please return all correspondence concerning this matter to the following:

Oscar Oviedo
(Name of Person)

Eye 4 Design & Printing Inc.
(Name of Firm/Company)

5420 Lyons Rd #112
(Address)

Coconut Creek FL 33073
(City/State and Zip Code)

For further information concerning this matter, please call:

Eder Rojas-Mendez at (954) 857-3989
(Name of Person) (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, Oscar R Oviedo, hereby resign as Vice President
(Title)

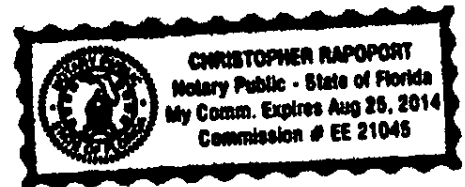
of Eye 4 Design and Printing Inc
(Name of Corporation)

P1000000167124, a corporation organized under the laws of the State of
(Document Number, if known)

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

10 SEP 27 PM 3:45

FILED