

P110000024264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TO: Amendment Section
Division of Corporations

SUBJECT: combat city usa, inc
(Name of Corporation)

DOCUMENT NUMBER: p11000024264

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

Please return all correspondence concerning this matter to the following:

david kaplan

(Name of Person)

combat city usa, inc

(Name of Firm/Company)

1861 VINA CT
(Address)

2766 CHULVOTE, FL 32766
(City/State and Zip Code)

Information concerning this matter, please call:

DAVID KAPLAN at (407) 5093825
(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, cody leduc, hereby resign as pres
(Title)

of combat city usa, inc
(Name of Corporation)

p11000024264, 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

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