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| (Re | questor's Name) | |
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| (Ad | dress) | |
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| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | <u> </u> |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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11/21/12--01022--004 **35.00



Resign.
11/28/12

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Veepy (YAW) Y Test Control Coxp.

(Name of Corporation)

DOCUMENT NUMBER: \$\frac{110000}{10000} \frac{158}{158}

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

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Name of Firm/Company)

917 N.E. 75+,

(Address)

Hallandale, F.A. 33009

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (186) 553-8028 (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, DAN SAMARIA, hereby resign as Secretary | |
|---|------------------|
| of Creepy CRAW/V Dest Control Coxport Axidis (Naphe of Corporation) | 2, |
| 1/000 47/58, a corporation organized under the laws of the State of (Document Number, if known) | |
| Florida | |
| | |
| (Signature of resigning officer/director) | |
| · · · · · · · · · · · · · · · · · · · | orupaen Sunan |
| # FILLING FFF 19 935 00 | |
| Make checks payable to Florida Department of State and mail to: | |

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