

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Artistic Memories Photo & Video Productions Inc (Name of Corporation)
DOCUMENT NUMBER: P11000078368
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alice Smith
(Name of Person) ARTISTIC MEMORIOS PHOTO & VINEO PRODUCTIONS, FINE (Name of Firm/Company)
901 5W 75 th TERR (Address)
PLANTATION FL 335/> (City/State and Zip Code)
For further information concerning this matter, please call:
Alice Smith at (786) 290-0435 (Area Code & Daytime Telephone Number)

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

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

Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_{I,} Alice Smith	, hereby resign as President
~	to & Video Productions Inc
(Name of Condition	corporation organized under the laws of the State of
<u>Florida</u>	
Alice (Signature)	Lanth ure 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