

P11000099798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

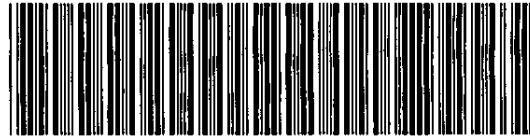
(Business Entity Name)

(Document Number)

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04/30/14--01007--010 **35.00

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14 APR 30 PM 5:00

O/D

Resign.

05-13-14

Dc

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: C-RAD Inc.

(Name of Corporation)

DOCUMENT NUMBER: P11000099798

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

Please return all correspondence concerning this matter to the following:

Tim Thurn

(Name of Person)

C-RAD Inc.

(Name of Firm/Company)

70 SE 4th Ave

(Address)

Delray Beach, FL 33483

(City/State and Zip Code)

For further information concerning this matter, please call:

Tim Thurn

(Name of Person)

at (**561**) **7429260**

(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
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Martin Clay, hereby resign as Officer
(Title)

of C-RAD, Inc.
(Name of Corporation)

P11000099798, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Martin Clay

Digitally signed by Martin Clay
DN: cn=Martin Clay, o=C-RAD Inc, ou=Sales,
email=martin.clay@c-rad.com, c=US
Date: 2014.04.25 14:31:57 -04'00'

(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

FILED
14 APR 30 PM 5:00