## P11000100047

| (Req                      | uestor's Name)   |             |  |  |
|---------------------------|------------------|-------------|--|--|
| (Add                      | ress)            |             |  |  |
| (Add                      | ress)            |             |  |  |
| (City                     | /State/Zip/Phone | e #)        |  |  |
| PICK-UP                   | ☐ WAIT           | MAIL        |  |  |
| (Bus                      | iness Entity Nar | me)         |  |  |
| (Document Number)         |                  |             |  |  |
| Certified Copies          | Certificates     | s of Status |  |  |
| Special Instructions to F | iling Officer:   |             |  |  |
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YVISHINGS CAPARATIC



## TRANSMITTAL LETTER

| Division of Corporations   |
|--|
| SUBJECT: ANDERWAD ENTERPRISES INC. (Name of Corporation)   |
| DOCUMENT NUMBER: P 11000 1000 42   |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing   |
| Please return all correspondence concerning this matter to the following:  |
| JAMESE. ANDERSON (Name of Person)  |
| AND ERWAD ENTERPRISES INC. (Name of Firm/Company)  |
| P. O. Box 150176 (Address)   |
| CAPE GRAL FL 33915 (City/State and Zip Code)   |
| For further information concerning this matter, please call:   |
| RONALD AWAD at (239) 677-7956 (Name of Person) (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,    | JAMES E. ANDERSON          | , hereby resign as Vick PRESIDENT AND                 | 1 São        | <u>æt</u> ary                                |
|-------|----------------------------|---|--------------|--|
| of_   | Name of                    | 5 Twc<br>f Corporation)                               |              | _,   |
| P 110 | DOCUMENT Number, if known) | , a corporation organized under the laws of the State | of           |  |
| F     | orida                      | ·   |              |  |
|       | (Sig                       | gnature of resigning officer/director)                |              |  |
| ,     | FI                         | LING FEE IS \$35.00                                   | 13 @CT 28 AM | 16-15 JO ROISTAN<br>10 ABVI 3803S<br>03-11-1 |

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

Make checks payable to Florida Department of State and mail to: