## P(2000037/69

(Requ	uestor's Name)	
(Address)		
(Address)		
(City/	/State/Zip/Phone #)	
PICK-UP	. WAIT MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
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Office Use Only



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## TRANSMITTAL LETTER

**SUBJECT:** (Name of Corporation) DOCUMENT NUMBER: The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

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

For further information concerning this matter, please call:

**Mailing Address:** 

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

Amendment Section

Division of Corporations

TO:

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

RHONA LAU	, hereby resign as SECRETARY
of PAST DAKK (Name of C	MTAMI INC.
Pacoco 29169., a (Document Number, if known)	a corporation organized under the laws of the State of
FLORZDA	
(Sign	ature 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

