## P12000043342

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: COM Island KATERY Two he (Name of Corporation)  DOCUMENT NUMBER: P12 (700) 43342
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)
4400 N. Fedoral Hy #307 (Address)
SICD Roten F/ 3343/ (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (\(\frac{\(\frac{50}{\}\)}{\(\text{Area Code & Daytime Telephone Number}\)
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

ecseton and
Inc.
State of
<b>-</b> ▲ (2000)
13 JUN 18 PH 2

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

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