## 13000033588

(Re	questor's Name)	
(Ad.	dress)	
( 12	u,	
(Ad	dress)	
(Cit	y/State/Zip/Phone	• #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500266157525

11/05/14--01018--006 \*\*35.00

NOV 2 0 2014 T. CARTER

OID HESIST

## TRANSMITTAL LETTER

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

## **Mailing Address:**

TO:

Amendment Section Division of Corporations

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

FILED SECRETARY OF STATE TALLAMASSEE, FLORIDA

14 NOV -5 PH 3: 44

i, Polance	e I Will	DARD	, hereby resign as	SFICEL (Title)
of	TRU	Blav Ic	E// Dx	
P/3 000 (Document N	<u> </u>	8,a co	orporation organized u	nder the laws of the State of
Florid	a	······································		

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