

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



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10/17/13--01007--018 \*\*35.00

SECRETARY OF STATE

0/0 BB.

OCT 24 2013

R. WHITE

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: No Limit Dezign Corp. (Name of Corporation)
DOCUMENT NUMBER: P13000035126
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filin
Please return all correspondence concerning this matter to the following:
THOMAS E. SUGAS JR. (Name of Person)
No Cimit DEZIEN CORP, (Name of Firm/Company)
1101 NW 52ND STREET BAY 1 (Address)
FORT LAUDER DELE FL. 33309 (City/State and Zip Code)
For further information concerning this matter, please call:
Billy D Stures at (954) 882-9583 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	HOMAS E	<u> Sugus</u>	JR., hereby	y resign as	VICE	PRESI	DENT
of	No CIMI	T DEZI	Corporation)	Р.	<del>, ,, , , , , , , , , , , , , , , , , ,</del>		······································
<u> </u>	13 0000 35 Document Number, if I	(126 , a	a corporation or	ganized under	the laws of	the State of	
FL	ORIDA	,					

(Signature of resigning officer/director)

TALLAIMSSEE, FLORID

## 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