

P130081681

(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

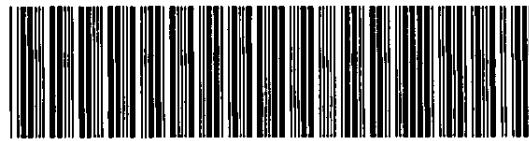
PICK-UP     WAIT     MAIL

(Business Entity Name)

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(Document Number)

**Special Instructions to Filing Officer:**



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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** IMPERIUM BICYCLES, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P13000084687

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**ROBERT BREWSTER**

(Name of Person)

**IMPERIUM BICYCLES, INC.**

(Name of Firm/Company)

**7749 SW ELLIPSE WAY**

(Address)

**STUART, FL 34997**

(City/State and Zip Code)

For further information concerning this matter, please call:

**ROBERT BREWSTER** at 772 **426-3004**

(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, ROBERT C FOX, hereby resign as OFFICER  
(Title)

of IMPERIUM BICYCLES, INC.,  
(Name of Corporation)

P13000084687, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

  
(Signature of resigning officer/director)

13 JPY - 6 PM 12:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

F I L E D

**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