## 14000000 904

· (Requestor's Name)			
(Address)	9002675105		
(Address)	0002070100		
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)	12/19/1401018(		
(Document Number)			
Certified Copies Certificates of Status	was to get		
Special Instructions to Filing Officer:			
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Office Use Only



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DUS \*\*35.00

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: NEWSAU	(Name of Corporation)
	_
DOCUMENT NUMBER: P	4000000709
The enclosed Officer/Director Resignation	for a Corporation and fee are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
WILLIAM (OX	
(Name of Person)	
NGWSPLES 2020 WALKET (Name of Firm/Company)	NO SUCZ.
2637 E AT LANTIC C (Address)	LUP
PO BOX 2788 (City/State and Zip Code	POMPANO BEAGI PC 33062
For further information concerning this m	atter, please call:
(Name of Person)	at (237) 321- 4986 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made paya	ble to the Florida Department of State.
Amendment Section Ame Division of Corporations Divi P.O. Box 6327 266	et Address: endment Section sion of Corporations Executive Center Circle ahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

l,	WILLIAM COX	, hereby resign as_	TREASURER	
			(Title)	
of_	NEWSALES 202	O MARKETING	SENVICES	140.
	(Name	of Corporation)		
	(Document Number, if known)	_, a corporation organized und	der the laws of the Sta	ate of
	FLORIDA	<u></u>		
		•		
	L.	unles		
	(S	ignature of resigning officer/director	or)	
•			OEC PART	<u>লা</u>
			200 <b>19</b>	{
				ा □
	F	TLING FEE IS \$35.00		<del></del>

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

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