## P140000011412

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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## TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: OPTI TECH SUPPOR	RT INC	
SUBJECT:	(Name of C	Corporation)
DOCUMENT NUMBER: P14000	0077472	
The enclosed Officer/Director Resig	gnation for a Corpo	oration and fee are submitted for filing
Please return all correspondence cor	ncerning this matter	r to the following:
JOSE THOMAS		
(Name of Pers	on)	<del></del>
THOMAS & COMPANY CPA		
(Name of Firm/Co	mpany)	
9710 Stirling Road, Suite 101-10	02	
(Address)		
COOPER CITY, FLORIDA 3302	24	
(City/State and Zip	Code)	<u></u>
For further information concerning	this matter, please o	call:
IMRAN KHAN	954	778-8754 a Code & Daytime Telephone Number)
(Name of Person)	(Area	a Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 mad	e payable to the Flo	orida Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Secti Division of Corpo 2661 Executive C Tallahassee, FL 3	orations Center Circle

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	SECRETARY , hereby resign as	
· · · · · · · · · · · · · · · · · · ·	(Title)	
OPTI TECH SUPPORT INC		
(Nam	e of Corporation)	_,
P14000077472	, a corporation organized under the laws of the State of	
(Document Number, if known)		
FLORIDA		
KB	(Signature of resigning officer/director)  SECRETARY  FILING FEE IS \$35.00	
	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