## P22765

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



600066117706

Off Resign

02/23/06--01025--016 \*\*35.00

OF FEB 23 MIND OF SCORETAGE STATES AND SERVICE AND SER

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Classic MARCITE, INC. (Name of Corporation)
DOCUMENT NUMBER: P22765
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Name of Person)
(Name of Person)
CLASSIC MARCITE INC
(Name of Firm/Company)
430 FAIRVILLA ROAD
(Address)
O121ANDO FC 3Z 808 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (407) 521-6260 (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

06 FEB 23 AM ID: 06

SECRETARY OF STATE
ALLAHASSEE, FLOOKE

James W. Wilcoxon I,	hereby resign as
	(Title)
of Classic Marc	re of Corporation)
P22765 (Document Number, if known)	, a corporation organized under the laws of the State of
Delaware ·	<del>-</del>
<del>=</del>	/Curneture of resigning officer/directors

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