P22765

(Requestor's Name)		
(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:		
·		
<u> </u>		

Office Use Only



800066474758

Off Design T. Lewis

92/23/06--01025--018 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Classic MARCITE, INC. (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
VACK MAYO (Name of Person)
(Name of Person) CLASSIC MARCITE INC (Name of Firm/Company)
(Name of Firm/Company) 430 FAIRVILLA ROAD
(Address) OIZIANDO FL 3Z808 (Claudinte and Zin Code)
For further information concerning this matter, please call:
JACK MAYO at (407, 521-6260 (Name of Person) (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

FILED

OFFICER / DIRECTOR RESIGNATION 06 FEB 23 A!! 10: 04

SECRETARY OF STATE TALLAHASSEE, FLORID!

James W. Wilcoxon	, hereby resign as	Secretary
		(Title)
of Classic Marci	te, Inc.	
(Name	of Corporation)	
(Document Number, Himown)	, a corporation organized under	the laws of the State of
Delaware		
	~~ `	
1		>
	Signature of resigning officer/director)	· · · · · · · · · · · · · · · · · · ·

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