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TO: Amendment Section Division of Corporations
SUBJECT: TOTAL COMPLIANCE NETWORK, INC. (Name of Corporation)
DOCUMENT NUMBER: <u>P9200009768</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JUND SILVER
TUDD SILVEN (Name of Person)
(Name of Firm/Company)
70 WASHINGTON ST #3-S (Address)
(Address)
BLOOKLYN NY ((20)
(City/State and Zip Code)
For further information concerning this matter, please call:
TVDO SILVEL (Name of Person) at (9/7) 533 0/4/ (Area Code & Daytime Telephone Number)
(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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, JUDD STLVER	, hereby resign as	VP PA	Title)
of TOTAL COMPLIANCE NET	WORK, INC.		, , .
(Document Number, if known), a contract of the	corporation organized und	er the laws of t	he State of
FLO AIDA			
Jum Men. (Signate	ure of resigning officer/directo	r)	-
			SECRETARY TALLAHASSE
FILIN	NG FEE IS \$35.00	i	B AM 8:

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

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