## P94000018868

(Requestor's Name)
•
(Address)
(Address)
•
(City/State/Zip/Phone #)
, (Only/Otate/ZIp/) Hone #/
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000137114370

10/31/08--01014--001 \*\*35.00

08 OCT 31 AM 9: 53
SECRETARY OF STATE
ALL AHASSEF FLORIDA

Will Co

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT:	Besco, Inc.
	(Name of Corporation)
DOCUMENT NUMBER:	P94000018868
The enclosed Officer/Director Resign	nation for a Corporation and fee are submitted for filing.
Please return all correspondence cond	cerning this matter to the following:
Aimee D. Pafford	
(Name of Perso	n)
Besco, Inc.	
(Name of Firm/Com	npany)
6555 Trade Center Drive	
(Address)	· · · · · · · · · · · · · · · · · · ·
Jacksonville, Fl 32254	
(City/State and Zip	Code)
For further information concerning th	nis matter, please call:
Aimee. D Pafford	at ( 904 ) 509-3089 (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.
Amendment Section	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ī	Aimee D. Pafford	, hereby resign as	Secretary	
*,		, norvey resign as	(Title)	
of	Besco, Inc.			
	(N	ame of Corporation)		.,
	P94000018868	, a corporation organized under the laws of the State		
	(Document Number, if known)			
	Florida	•	29	
			<b>08</b> SEC	
			08 OCT 3 SECRETAR VLLAHASS	77
			31 32 33 33 33	-
	16	$\cdot$	AH E.	m
	<u> </u>	(Signature of resigning officer/director)		D
		(Signature of resigning officer/director)	RATE 53	

## 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