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(R	equestor's Name)
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(A)	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	
(B	usiness Entity Name)
(D)	ocument Number)
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OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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FILED 03 OCT 29 AM 9: 19

ALLAHASSEE. FLORIDA

I. HUGO E.	POZZOLI , hereby resign as SECRETMRY / TREASURCR
7	(Title)
of PAST	FAT, JNC.
···	(Name of Corporation)
P94000026179 (Document Numbe	
FLORIDA	

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