# Requestr's Name COOSOO COOSOO

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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2	(Corporation Name)	(Document #)  10000401103104/16/010108500: ******70.00 *******35.	-3 .00
<i>-</i>	(Corporation Name)	(Document #)	·
3 ,	(Corporation Name)	(Document #)  TALLAR AR S  (Document #)  TO APR AR S  (Document #)	<b>7</b>
4. <u> </u>	(Corporation Name)  Walk in Pick up time  Mail out Will wait	Certified Gop Paratus Photocopy	
	Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
	Annual Report Fictitious Name	REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other	

Examiner's Initials



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## OI APR 16 PM 3: 56 SECRETARY OF STATE TALLAHASSEE, FLORIDA

## OFFICER / DIRECTOR RESIGNATION

I. Strice Solly, hereby resign as
of Leef Shore Destributors Spoc. (Name of Corporation)
a corporation organized under the laws of the State of
and affirm that the corporation has been notified in writing of the resignation.

### FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314