

P94000075478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 DEC 13 PM 2:31

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Officer Resign  
Erin Murphy  
12/18/07

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PRAXIS NETWORK, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P94000075478

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE I MORENO

(Name of Person)

LAW OFFICE OF JOSE MORENO

(Name of Firm/Company)

240 NW 76TH DRIVE, SUITE D

(Address)

GAINESVILLE, FL 32607

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE I MORENO

(Name of Person)

at ( 352 ) 332-4422

(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

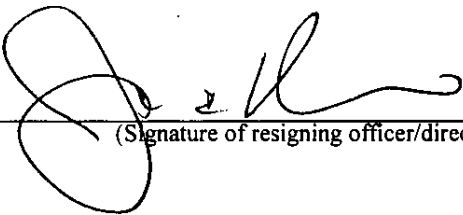
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, JOSE I MORENO, hereby resign as DIRECTOR  
(Title)

of PRAXIS NETWORK, INC.  
(Name of Corporation)

P94000075478, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**FILED**  
07 DEC 13 PM 2:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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