

P94000075478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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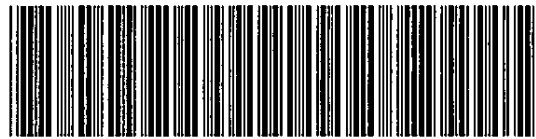
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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O/D Resign.

8/8/08

Jc

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:

SHERI WALLACE

(Name of Person)

SHERI WALLACE, LLC

(Name of Firm/Company)

2603 NW 13TH STREET, #309

(Address)

GAINESVILLE, FL 32609

(City/State and Zip Code)

For further information concerning this matter, please call:

SHERI WALLACE

(Name of Person)

at (352) 870-8975

(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, SHERI WALLACE, hereby resign as DIRECTOR/VP
(Title)

of PRAXIS NETWORK, INC.
(Name of Corporation)

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

FLORIDA

Sheri X. Wallace
(Signature of resigning officer/director)

FILED
08 AUG - 1 PM 12:35
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