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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	,
Certified Copies	Certificates	s of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: BUCANCLOAR INC. (Name of Corporation)
DOCUMENT NUMBER: P 94000 885 15
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LIOIS A. BUCKLEY (Name of Person)
OAK BLU77 (Name of Firm/Company)
(Name of Finis Company)
1037 N. HALIFAX DRIVE (Address)
ORMOND BEACH Flg. 32/76 (City/State and Zip Code)
For further information concerning this matter, please call:
Sax a. Buckley at (386) 44/-3630 (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, DENNIS M. BUCK	LEY , hereby resign as MGRM _ DIRE	ector
of BUCANCLOAK	TNC. f Corporation)	. <u></u> ,
(Document Number, if known)	, a corporation organized under the laws of the State of	
FLORIDA	<u>-</u>	
Mami (Si	mBudly gnature of resigning officer/director)	91 NNF 80

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