(Requestor's Name) (Address)	
(Address)	400183088474
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	Ta Al
. Certified Copies Certificates of Status	JUL 29
Special Instructions to Filing Officer:	AM 10: 22

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COVER LETTER

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TO: Amendment Section Division of Corporations

) C -SUBJECT: Name o **DOCUMENT NUMBER:**

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

Please return all correspondence concerning this matter to the following:

(Name of Person) Schweitzer & Schweitzer-Ramras (Name of Firm/Company) (Address) (City/State and Zip Code) For further information concerning this matter, please call:

OUNER Schwetter Annal 25, 61070 (Rame of Person) (Area Code & Daylime 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

DMA JR, hereby resign as_ (\mathcal{P}) of lame of Corporation) a corporation organized under the laws of the State of



FILING FEE IS \$35.00

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JUL 29 AM 10: 22

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314