## P95000063084

(Requestor's Name)	
(Address)	
(Address)	
(((((((((((((((((((((((((((((((((((((((	
(City/State/Zlp/Phone #)	
(Business Entity Name)	
(Document Nu	mber)
Certified Copies Certi	ficates of Status
Special Instructions to Filing Officer:	
	j.
Office U	se Only
CDR	$\mathcal{O}\mathcal{O}$
10 11/19/03	



11/17/03--01037--017 \*\*35.00



TRANSMITTAL LETTER TO: Amendment Section **Division of Corporations** REMITY. (Name of Corborat SUBJECT: P95000063804 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 P ភ្លូ (Name of Firm/Company) 6 JW 6 (Address) DE CORAC, AC (City/State and Zip Code) For further information concerning this matter, please call: \_ (Name of Person) Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

CAHIL AMES hereby resign as I, (Title)

00.

of (Name of Corporation)

FLORIDA

، الحو

500063804 (Document Number, if known) \_\_\_\_\_, a corporation organized under the laws of the State of

ignature of resigning officer/director)

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

