## P95000093032

| (Re                     | questor's Name)   |           |
|-------------------------|-------------------|-----------|
| (Ad                     | dress)            |           |
| <b>,</b>                | ,                 |           |
| · (Ad                   | dress)            |           |
| (Cit                    | y/State/Zip/Phone | #)        |
| <b>,</b>                | <b>,</b>          | .,        |
| PICK-UP                 | ☐ WAIT            | MAIL      |
|                         |                   |           |
| (Bu                     | siness Entity Nam | ne)       |
|                         |                   |           |
| (Do                     | cument Number)    |           |
|                         |                   |           |
| Certified Copies        | _ Certificates    | of Status |
|                         |                   |           |
| Special Instructions to | Filing Officer:   |           |
|                         |                   |           |
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SECRETARY OF STATE ORION

off, Resign.
TB 4/7/09

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

| SUBJECT: Prohaska Inc  |   |
|--|---|
| SUBJECT:   | (Name of Corporation)   |
| DOCUMENT NUMBER. P950000   |   |
| DOCUMENT NUMBER: P950000   |   |
| The enclosed Officer/Director Resignation                                  | on for a Corporation and fee are submitted for filing   |
| Please return all correspondence concern                                   | ning this matter to the following:  |
| Pamela Prohaska  |   |
| (Name of Person)   |   |
| Prohaska Inc   |   |
| (Name of Firm/Compa  | ny)   |
| 5180 Trott Circle  |   |
| (Address)  | 100 (100 (100 (100 (100 (100 (100 (100  |
| North Port FI 34287  |   |
| (City/State and Zip Coo  | de)   |
| For further information concerning this                                    | matter, please call:  |
| Pamela Prohaska  | at ( 941 ) 468-0370   |
| (Name of Person)   | at ( 941 ) 468-0370 (Area Code & Daytime Telephone Number)                                      |
| Enclosed is a check for \$35.00 made page                                  | yable to the Florida Department of State.   |
| Amendment Section Ar<br>Division of Corporations Di<br>Clifton Building Po | ailing Address: nendment Section vision of Corporations st Office Box 6327 illahassee, FL 32314 |

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION  ALLA ALLA ALLA ALLA ALLA ALLA ALLA AL |  |  |
|---|--|--|
| I, Pamela Prohaska  | , hereby resign as president (Title)                     |  |
| of Prohaska Inc.  | me of Corporation)                                       |  |
| P95000093032 (Document Number, if known)  | , a corporation organized under the laws of the State of |  |
| Florida   | <del>.</del>   |  |
|   |  |  |
| -Pam  | (Signature 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