P96000018849

(Re	equestor's Name)	
(Ac	ldress)	
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(Ac	ldress)	
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PICK-UP	WAIT	MAIL
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(Bu	isiness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Siegrist & Associates Iac (Name of Corporation)
DOCUMENT NUMBER: 796000 18849
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)
Siegnst & Assoc, Inc. (Name of Firm/Company)
10759 Greenbraw Villa DR (Address)
Wellington TL 33+67 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (Sol) 889 -6873 (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, _	GENE P. SIELRIST, hereby resign as PRESIDENT EDIRE OTO 12
of_	SIEGRIST & ASSOCIATES, INC.
	(Name of Corporation)
	T96000 18849, a corporation organized under the laws of the State of (Document Number, if known)
	Horida.
	• •

FILING FEE IS \$35.00

(Signature of resigning officer/director

Make checks payable to Florida Department of State and mail to PSTATE ORIDA

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