

P96000052943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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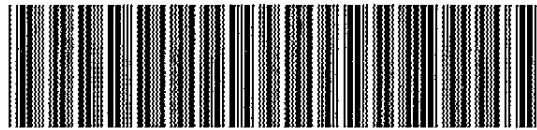
(Business Entity Name)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** OUR STODXX INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P96 000052943

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

Please return all correspondence concerning this matter to the following:

VICTOR L STRAMONDO  
(Name of Person)

OUR STODXX INC  
(Name of Firm/Company)

4832 N ORANGE BLVD TR  
(Address)

ORLANDO FL 32810  
(City/State and Zip Code)

For further information concerning this matter, please call:

VICTOR L STRAMONDO at ( 407 ) 291-8411  
(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

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TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, CYNTHIA STRAMONDO, hereby resign as PVST \_\_\_\_\_  
(Title)

of OUR STORXX, INC. \_\_\_\_\_  
(Name of Corporation)

P96000052943 \_\_\_\_\_, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA \_\_\_\_\_.

Cynthia W Stramondo \_\_\_\_\_  
(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

**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