P96000063347

(Requestor's Name)					
(Address)					
(.aa.see)					
(Address)					
· .					
(City/State/Zip/Phone #)					
· PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
,					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Special instructions to Filling Officer.					
,					

Office Use Only



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09/08/08--01046--020 **35.00

2008 SEP -8 AH IO: 17
SECRETARY OF STATE
TALL AHASSEF, FI ORIDA

officer Resignation
TB 9/11/08

COVER LETTER

TO:

Amendment Section Division of Corporations

Street Address:
Amendment Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

PRESIDENT	ED AMD: 17 STATE
PRESIDENT (Title)	ORIOA -
LOSURES, INC,	•

I,	SHARON RESTR	EPO	_, hereby resign as	VICE	PRESIDEO (Title)	UT- OA
of	FINANCIAL FR	EEDOM ame of Corporat	THROUGH	FOREC	LOSURES,	INC,
<u>_</u> F	9600063347 (Document Number, if known)	, a corpo	ration organized u	nder the lav	ws of the State o	f
	FLORIDA					

Sharon Cestie po
(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