P96000063553

	questor's Name)	
(Re	questors (vame)	
(Ad	dress)	
(Ad	dress)	_
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
· (Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

Off Resign News 8-11-10

COVER LETTER

Amendment Section Division of Corporations

TO:

laakenn and Associa	tes inc
SUBJECT: Jaakson and Associa	(Name of Corporation)
Doeoc	00063553
DOCUMENT NUMBER: P9600	0000000
The enclosed Officer/Director Resign	ation for a Corporation and fee are submitted for filing.
Please return all correspondence conc	erning this matter to the following:
Rein Jaakson	
(Name of Person	1)
Jaakson and Associates Inc	
. (Name of Firm/Com	pany)
601 SW 8 Terrace	
(Address)	
Fort Lauderdale FI 33315	
(City/State and Zip	Code)
For further information concerning th	is matter, please call:
Rein Jaakson	at (954) 5996195 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made	payable to the Florida Department of State.
Amendment Section	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

	WELLINGSEE,
l, Claudia Jaakson	, hereby resign as PDSD
A Minimum and Associated Service Control of the Con	(Title)
of Jaakson and Associates Inc	
	of Corporation)
P96000063553	, a corporation organized under the laws of the State of
(Document Number, if known)	, a corporation organized and of the nave of the state of
Florida	
	_
20	-V/)
	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