## Requester's Name Address City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S)	& DOCUMENT NUMBER(S)	, (if known):
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## OFFICER / DIRECTOR RESIGNATION

I, MICHELE PALADIN , hereby resign as VICE President (Title)
of ATLANTIC COAST DISTRIBUTORS, True. (Name of Corporation)
a corporation organized under the laws of the State of FLORIDA
and affirm that the corporation has been notified in writing of the resignation.
Mikell Palacus (Signature of resigning officer/director)

PILED

00 DEC 22 AM II: 48

SECRETARY OF STATE
AND A MASSEE, FLORIDA

## FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314