## City/State/Zip Phone #

CR2E031(7/97)

## Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Walk in Pick up time Certified Copy ☐ Mail out ☐ Will wait ☐ Photocopy Certificate of **AMENDMENTS NEW FILINGS** Amendment ☐ Profit Resignation of R.A., Officer/Director ☐ Not for Profit Change of Registered Agent ☐ Limited Liability Dissolution/Withdrawal ■ Domestication iner's Initials Merger Other REGISTRATION/QUALIFICATION OTHER FILINGS Foreign Annual Report Fictitious Name Limited Partnership Reinstatement Trademark Other

Examiner's Initials

## OFFICER / DIRECTOR RESIGNATION

I, Joseph PAIADIN , hereby resign as <u>PRESIDE</u> (Title)	<u>1</u>	<del></del>	
of AHLANTIC COAST DISTRIBUTIONS, TWC. (Name of Corporation)	<del>-</del>	<del></del>	<del></del> ,
a corporation organized under the laws of the State of Florior			
and affirm that the corporation has been notified in writing of the resignation.			
(Signature of resigning officer/director)	_		
(Signature of resigning officer/director)	SECRE	00 DEC 22	
	LCRETARY OF STATE	C 22 AM	
	FLORIC	94 : III	Ö

## 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