P96000082518

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e#)
PICK-UP	WAIT	MAIL
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COVER LETTER

SUBJECT: Scintillate Manufacturing (Name of Corporation) DOCUMENT NUMBER: P 96000082518	Co.	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Vadim Karapetyon (Name of Person) Scintillate Manufacturing Co (Name of Firm/Company)	ia se	t.
15455 West Dixie Hwy #M	JAN 12 I	TITIE
North Miani Beach FL 33162 (City/State and Zip Code)	F STAT	1 2 C
For further information concerning this matter, please call:	Ö.L.	
Sadin Rarapet Van at (305) 588 3100 (Area Code & Daytime Telephone Number)		

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

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

Amendment Section Division of Corporations

TO:

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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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