## 196000082865

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: POLARIS MEMORY	INC
· ·	(Name of Corporation)
DOCUMENT NUMBER: P960	000082865
The enclosed Officer/Director Resig	nation for a Corporation and fee are submitted for filing
Please return all correspondence con	ncerning this matter to the following:
BRYAN NUSSENBLATT	
(Name of Perso	on)
POLARIS MEMORY INC	
(Name of Firm/Cor	mpany)
150 NW 70TH AVENUE SUITE	7
(Āddress)	
PLANTATION FLORIDA 33317	
(City/State and Zip	Code)
For further information concerning t	this matter, please call:
JOEL NUSSENBLATT	at ( 954 ) 5814468
(Name of Person)	at ( 954 ) 5814468  (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made	e payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



BRYAN NUSSENBLATT	. hereby resign as	VICE PRESIDENT/SEC
**	,	(Title)
of POLARIS MEMORY INC.		
(Name of Corporation	on)	
P96000082865, a corpor (Document Number, if known)	ation organized un	der the laws of the State of
FLORIDA		
Ejgnature of r	esigning officer/direc	tor)

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