97000008047

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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02/11/09--01011--006 **35.00

officer Resignation
TB 2-13-89

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: SIVICO JUC. (Name of Corporation)
DOCUMENT NUMBER: (Name of Corporation)
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following: (Name of Person)
(Name of Firm/Company)
6503 Thoraughbred Lapp (Address)
Odessa F2 3 3 556 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (813) 765-2800 (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

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Dale 2 Sivitz, hereby resign	as Secretary TOLASURER
of Sivico, Two. (Name of Corporation) Pa70008047 (Document Number, if known) (Document Number, if known)	under the laws of the State of
Topi da	ZOUS FEB TALLAR
(Signature of resigning officer/di	

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