7000020606

(R	equestor's Name)	
(A	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP		MAIL
(Bi	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	



07/03/03--01020--001 **35.00

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0/D Resign. 07/10/03 Dc

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

AM/NG (Name of Co SUBJECT: 9700020606 **DOCUMENT NUMBER:**

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)

<u>O NW 14</u> (Address)

City/State and Zip Code)

For further information concerning this matter, please call:

Code & Daytime Telephone Number) (Name of Person) (Area

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

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, CAIGA. DALEY, hereby resign as_ ECEETHK ASUTCË (Title)

of

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FRAMINCO (Name of Corporation)

1000 06, a corporation organized under the laws of the State of (Document Number, if known)

FLORIDA

Signature of (esigning officer/director)

FILING FEE IS \$35.00

803 JUL - 3 PH 4:00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314