## P9100023613

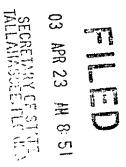
<b>4</b>						
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
•						
. (Document Number)						
Certified Copies Certificates of Status						
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Special Instructions to Filing Officer:						
Operational to Fining Officer.						

Office Use Only



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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: NETWORKED KNOWLEDGE Systems Inc. (Name of Corporation)
DOCUMENT NUMBER: <u>697000023613</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
TASON C. Holloway (Name of Person)
NeTWORKED KNOWICDGE SYSTEMS Inc. (Name of Firm/Company)
2203 N. Lois Avenue MS00 (Address)
TAMPA Flor(DA 33607 (City/State and Zip Code)
For further information concerning this matter, please call:
TASUN C. Hollowsy at (\$13) 594 0053 (Name of Person) (Area Code & Daytime Telephone Number)

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

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, ERIC.	S BRAVICK	, hereby re	esign as <u>Presi</u>	DENT (Title)	<del></del>
of Ne	TWORKES KN	IOWLEAGE orporation)	Systems	Inc.	<b></b> ,
19700002 (Document Nu	3 <i>6 (3</i> , a mber, if known)	corporation orga	nized under the laws	s of the State of	
Florida	<del>}</del>		·		
				03 A SECR TALLA	
	(Signa	ature of resigning off	(cer/director)	APR 23 RETARY CALLASSEE	
				AM 8:5 FLORIT	Ö

## 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