7970003498

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	r)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	Certificates of	of Status
Special Instructions to	Filing Officer:	
<u></u>		

Office Use Only



200081383472

11/06/06--01051--014 **70.00

ALLAHASSEE, FLORIDA

06 NOV -6 PH 3: 23

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: BUYCAUN & ASSOCIATES, INC. (Name of Corporation) DOCUMENT NUMBER: P970006034987
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Roseway Ocampo (Name of Person)
Ruy (aw: Associates tre (Name of Firm/Company)
6402 W. Linebaugh Ave. (Address)
Tanka to 33625 (City/State and Zip Code)
For further information concerning this matter, please call:
Roseman O(ampo at (813) 882-4815 (Name of Person) at (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327

Tallahassee, FL 32314

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Ι, _	Any Smith, hereby resi	ign as	ASSA.	Seor (Title)	ela	'ng
of_	Buvaw 2 Associa	atcs	, In	<u></u>		,
	P97000034987 (Document Number, if known) Flonda	ized unde	er the laws o	,	te of	1
	Smit	μ		ARY OF STATE ASSEE, FLORIDA	-6 PM 3: 23	
	(Signature of resigning office	cer/director	r)	ATE PRIDA	23	

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