777000047041

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	= #)
PICK-UP	WAIT	MAIL
(В	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
	<u> </u>	
	Office Use On	lv.



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O6 JUN -2 PH 2: 16
SECRETARY OF STATE
ALLAHASSEE, FI ORIDA

May (H)

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: BEHAS DISTRIBUTION INC. (Name of Corporation)
DOCUMENT NUMBER: EIN 59 - 345 2517
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) BEHNS DISTAISUTION FAIL (Name of Firm/Company)
Plans Ciny H 33566 (City/State and Zip Code)
For further information concerning this matter, please call:
Tammy BEHA at (P13) 754-8101 (Name of Person) (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

CR2E044(08/05)

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, DONALD J BEITH , hereby resign as	OWNER/PRESIDENT
of BEHAS DISTABUTION, FAIC. (Name of Corporation)	
(Document Number, if known), a corporation organized un	nder the laws of the State of
Floring	TALL
	JUN-2 CRETARY LAHASSE
(Signature of resigning officer/direct	PH 2: 16 OF STATE E. FLORIC

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