## P97000064159

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





700058141017

08/08/05--01041--004 \*\*35.00

OS AUG-B PH 3: 57
SECRETARY OF STATE
SECRETARY OF STATE



## TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Laurie Attar Inc.	(Name of Corporation)
DOCUMENT NUMBER: P9	7000064159
The enclosed Officer/Director Res	signation for a Corporation and fee are submitted for filing.
Please return all correspondence of	concerning this matter to the following:
Laurie Attar	
(Name of Pe	erson)
Laurie Attar Inc.	
(Name of Firm/C	Company)
5151 Sarazen Drive	
(Address	<u>s)</u>
Hollywood, FL 33021	
(City/State and 2	Zip Code)
For further information concerning	g this matter, please call:
Laurie Attar	at ( 954 ) 540-8882 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	ade 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

Khalil Attar	hereby resign as	Vice President
*,	,o, ,g	(Title)
of_ Laurie Attar Inc.		,
(Nam	e of Corporation)	
P97000064159	, a corporation organized un	der the laws of the State of
(Document Number, if known)	- •	
Florida	•	
		FA O
		10000000000000000000000000000000000000
	V70/11/1	FLOR ST
	V. Chry	RIDA
	(Signature of resigning officer/direc	ior)

## 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