1	Address	) (	36358	
City/State/Zip Phone # Office Use Only				
	NAME(S) & DOCUN		(if known):	
(Corp	oration Name)	(Document #)	5/3.00	
	oration Name)	(Document #)	ARE NO.	
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☐ Walk in ☐ Mail out ☐	Pick up time Will wait		Certified Copy Certificate of Status	
NEW FILINGS	AMENDMEN	S		
Profit	Amendment	Amendment 9000026236993		
NonProfit	Resignation of R.A.	Resignation of R.A., Officer/ Director		
Limited Liability	Change of Registere	Change of Registered Agent		
Domestication	Dissolution/Withdra	Dissolution/Withdrawal		
Other	Merger		en e	
OTHER FILINGS Annual Report	REGISTRA QUALIFICA			
Fictitious Name	Foreign  Limited Partnership			
Name Reservation	Reinstatement	W	OB 358	

OTHER FILINGS
Annual Report
 Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
 Limited Partnership
Reinstatement
Trademark
Other

Examiner's Initials

## RESIGNATION OF OFFICER AND OR DIRECTOR

AFFIDAVIT		
STATE OFFLORIDA		
COUNTY OFDADE	<del>-</del>	
BEFORE ME the undersigned	authority, personally appeared	
SANDRA ABAY	, who by me being first duly	
sworn says to the best of - HER knowledge, information and		
belief, and under penalties of perjury:		
(Name of Corporation)  2. That the corporation has been notified in  3. That corporate minutes relating to the res  FURTHER ASSIANT SAYETH NOT	a Florida corporation.  A Florida corporation.  A Florida corporation.  A Florida corporation.  A Florida corporation.	
NOTARY PITE	IIC	

