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	AJORCA Try Apartments 1 Way / Fort Myers, FL 33912	Office Use Only
1(Corpo	ration Name) (Do	ABER(S), (if known): ocument #) ocument #)
4(Corpo	, ,	Occument #) Cocument #) Certified Copy Certificate of Status
Profit NonProfit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/ Dire Change of Registered Agent Dissolution/Withdrawal Merger	600026688865 -10/21/9801036010 *****35.00 ******35.00
OTHER FILINGS Annual Report Fictitious Name Name Reservation	REGISTRATION/ QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other	APPROVED PARED PAR

CR2E031(1/95)

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

OFFICER / DIRECTOR RESIGNATION

T	Scott Levine	, hereby resign as Director	
- ,		(Title)	
- c	Busin	ess Inception,Inc.	
of	(1)	ame of Corporation)	_
		Florida	
a corpor	ration organized under the laws of	the State of	
and affin	rm that the corporation has been n	otified in writing of the resignation.	
	,	South Thurs	
		ignature of resigning officer/director)	

98 OCT 21 AM 10: 00

FILING FEE IS \$35.00