

P98000028310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

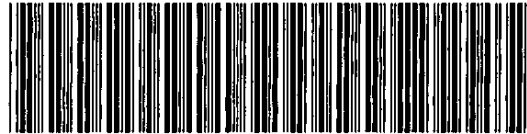
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: At your Fingertips, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: P980000 28310

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joy Peppers/Malave  
(Name of Person)

At your Fingertips, Inc.  
(Name of Firm/Company)

2480 W. 5th Rd. #7  
(Address)

Margate, FL 33063  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joy Peppers/Malave at (954) 410-1343  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

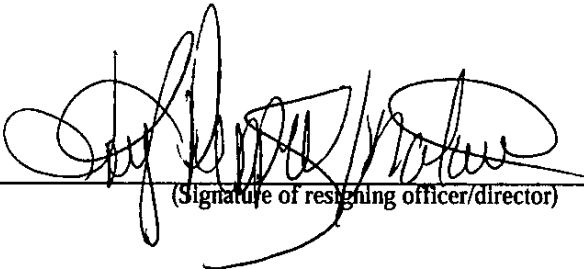
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Joy Peppers / Malave, hereby resign as Vice President  
(Title)

of At your Finger Tips, Inc.  
(Name of Corporation)

P98000028310, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

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TALLAHASSEE FLORIDA

**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