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(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
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TRANSMITTAL LETTER

DOCUMENT NUMBER: The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Steven (Sass) 50 SW 61 For further information concerning this matter, please call: Steven Crass at 954 37 43 (Area Code & Barrier) Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address: Amendment Section

TO:

Amendment Section Division of Corporations

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

I,	Lance	Fe,, hereby resign as
of	Fimi4	(Name of Corporation)
	(Document Number, if know	, a corporation organized under the laws of the State of
	FLORIDA	-
	<u> </u>	(Signature of resigning officer/director)
		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