P98000	048337		
(Requestor's Name) (Address) (Address)	500163356355		
(City/State/Zip/Phone #)	<b>500163356355</b> 12/10/0901034003 **35.00		
Special Instructions to Filing Officer:	FILED 2009 DEC 10 PH 12: 08 SEDNE TARY OF STATE TALLAHASSEE, FLORIDA		
Unice Ose Only	OFF. RESIGN. TB DEC 15 2009		

1

1

## COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: NO CLUBS, INC. (Name of Corporation) DOCUMENT NUMBER: P950000 48337

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

Please return all correspondence concerning this matter to the following:

Low Crmpillo (Name of Person) NO LLUBS, INC. (Name of Firm/Company) 687 Central Ave. (Address) ST. Petensburg, FL 33701 (City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (727) Z15 6607 (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 / DIRI FOR A C	ECTOR RESIGNA CORPORATION	TION ALLARS PHIE.
I. ANDROW	A- WEBBER	, hereby resign as	Theasuron IDinecton (Title)
of  	$\frac{AC}{(Name of Corports)} = \frac{C + UB + 5}{(Name of Corports)}, a co$	oration)	ler the laws of the State of

.

A Rwdd-(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