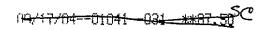
## P98000053581

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400041063464



#9/17/04--01041--031 **\*\*35.00** 



O4 SEP 17 M 8: 50
SECRETARY OF STATE

Shicer Resignation

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Florida TAGS 2 TITLE DEPOTITUE
DOCUMENT NUMBER: 0980000 5358)
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JACK KIRKMAN (Name of Person)
(Name of Firm/Company)
2460 A WORTH STATE Rd 7
2460 A NORTH STATE Rd 7 (Address)  Laudendale Laves fl 33313 (City/State and Zip Code)
For further information concerning this matter, please call:
JACK Kill Manu at (954) 665-8919 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

i <del>a d</del>esignation de la constantia della constantia de la constantia de la constantia della constantia della

Mailing Address:
Amendment Section
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

SECRETARY OF STATE ORIDA

I. RAYMOND PACKAGO hereby resign as V. (Thile)

of Florida TAOS J. T. T. C. DAPOT, INC.

(Name of Corporation)

P9800053581 a corporation organized under the laws of the State of

(Document Number, if known)

Florida

Total

FILING FEE IS \$35.00

gning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314