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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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November 1, 2002

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

Dear Sir or Madam,

Enclosed please find two original documents for the resignation of an Officer/Director and a check for \$43.75 for filing fees and a certified copy of acceptance sent to me at:

John Olejnik 2938 Heather Trail Clearwater, Fl 33761

Thank you in advance for your attention in this matter.

Sincerely,

John Olejnik

OFFICER / DIRECTOR RESIGNATION

I, JOHN OLEJNIK ,h	ereby resign as PRESIDENT (Title)
of CELLSITE OF COUNTRYSIDE, INC. (Name of Corporation)	,
a corporation organized under the laws of the State o	f FLORIDA
and affirm that the corporation has been notified in w	riting of the resignation.

Signature of resigning officer/director)

OZ NOV 14 PN 3: 51
SECRETARY OF STATE
SECRETARY OF STATE

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314