P98000068588

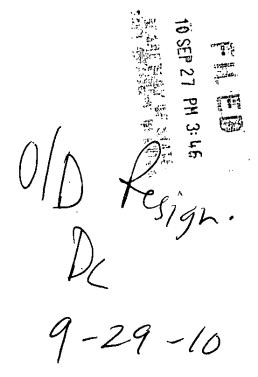
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-ÚP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates o	of Status			
Special Instructions to Filing Officer:					

Office Use Only



900185659469

09/27/10--01030--016 **35.00



COVER LETTER

Division of Corporations
SUBJECT: CUSTOM PAINTING by OLEG (Name of Corporation)
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:
Oleg Pyrig (Name of Person) Custom Painting by Oleg Corp. (Name of Firm/Company) 565 Lakeview Dr.
(Address)
Miami Beach FIL 33140 (City/State and Zip Code)
For further information concerning this matter, please call: 305-607-5236 Oleg PyRig at (365) (Area Code & Daytime Telephone Number)

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

TO:

Amendment Section

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, _	ANDRIY	HNATKIV, hereby re	esign as VISE /	PRESIDENT (Title)
of_	CUSTOM	PAINTING BY (Name of Corporation)	OLEC COX	! <i>P</i> ,
	(Document Number, i	known), a corporation organ	nized under the laws of	the State of
•	Х	(Signature of resigning off	īcer/director)	
	,			10 SEP 2
		FILING FEE IS \$35	.00	7 PN 3:

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

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