## P98000074007

(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



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12/28/06--01021--004 \*\*35.00

O6 DEC 28 PN 4: 24
SECRETARY OF STATE
TALLAHASSEE FLORIDA



## **COVER LETTER**

TO: Amendment Section Division of Corporations

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 / DIRECTOR RESIGNATION FOR A CORPORATION

I, JOHN R SIT	RAINFTZ hereby resign as_	PreafSVT
of POSITIVE	CONNECTIONS of (Name of Corporation)	SWIFL, INC.
P9800014007 (Document Number, if know	, a corporation organized und	ler the laws of the State of
Florida	<del></del>	

(Signature of resigning officer/director)
as of Oct 1, 2006

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