Requester's Name

City/State Zip Phone #

83142

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

Corporation Name Corporation Name Corporation Name Corporation Name	(Document #) (Document #)	OO NOV 24 PH 2: SECKETARY OF ST
4(Corporation Name) Walk in Pick up time Mail out Will wait	(Document #) Photocopy	Certified Copy Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name		d Agent wal
	Other	Examiner's Initials

OFFICER / DIRECTOR RESIGNATION

I, LEONARD SILVESTRI SR, hereby resign as VICE Presi	dent	_	
of THUNDER TRACKS, INC. (Name of Corporation)			,
a corporation organized under the laws of the State of FORIDA			
and affirm that the corporation has been notified in writing of the resignation.			
(Signature of resigning officer/director)	SECRETARY OF STATE TALLAHASSEE. FLORID	00 NOV 24 PH 2: 29	

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