P98000085823

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





400009027064

11/20/02--01059--019 **35.00

SECRETARY OF STATE

all 1/2

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Team #1, Inc. (Name of Corporate	
DOGGOOGGOO	.ion)
DOCUMENT NUMBER:	<u> </u>
The enclosed Officer/Director Resignation for a Corporation	and fee are submitted for filing.
Please return all correspondence concerning this matter to the	following:
Anthony J. Pileggi (Name of Person)	
(ivalue of reison)	
(Name of Firm/Company)	6 · ·
5351 Hamilton Lane (Address)	
Pace, FL 32571	er en
(City/State and Zip Code) For further information concerning this matter, please call:	
Anthony J. Pileggi at (850) (Name of Person) (Area Code	9944917 & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida D	epartment of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399	.

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Anthony J. Pileggi	hereby resign as	Secretary/Treasurer/Director
~,		(Title)
of Team #1, Inc.		,
(Name o	f Corporation)	
P98000085823	_, a corporation organized un	
(Document Number, if known)		المستعشد
Florida		
	<u>.</u>	the state of the s
ast S	enature of resigning officer/direct	tior)
	•	red 08/28/2002.

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

O2 NOV 20 PH I2: 44
SEGRETARY OF STATE