P98000091523

(Re	equestor's Name)	
	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	;#)
PICK-UP		MAIL
(Business Entity Name)		
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
	Office Use Onl	v

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DIVISION OF CORPORATIONS

OD PRS

COVER LETTER

TO: Amendment Section Division of Corporations

(Name of Corporation) SUBJECT: P98000091523 **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:

(Name of Person) (Name of Firm/Company) <u>AUW 34 AUE.</u> (Address) Miami FL. 33142 (City/State and Zip Code) For further information concerning this matter, please call:

 $\frac{P_{\text{AFG}(.)}}{(\text{Area Code & Daytime Telephone Number})}$

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

CR2E044(08/05)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION SE GAE? (Title) hereby resign as___ I, Name of Corporation) of a corporation organized under the laws of the State of (Document Number, if 0wn (Signature of resigning officer/director) **FILING FEE IS \$35.00**

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

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