Requester's Name 9889 5. orang Plosson Trail Orlando, 71 32837 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Walk in Pick up time Certified Copy ☐ Mail out Photocopy ☐ Will wait ☐ Certificate of Status **NEW FILINGS AMENDMENTS** ☐ Profit Amendment Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication ☐ Dissolution/Withdrawal Other ☐ Merger **OTHER FILINGS** REGISTRATION/QUALIFICATION Annual Report Foreign Limited Partnership Fictitious Name Reinstatement Trademark Other V. SHEPARD MAY 1

Examiner's Initials

CR2E031(7/97)

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OFFICER / DIRECTOR RESIGNATION

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of Amiles Clibic - Sternation Inc.
a corporation organized under the laws of the State of
and affirm that the corporation has been notified in writing of the resignation. Signature of resigning officer/director)

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