

P98000106382

Brian Lynn, C.P.A., P.A.
Certified Public Accountant

Two South University Drive, Suite 215
Plantation, Florida 33324

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-01/07/99-01079-012
*****35.00 *****35.00

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

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| NEW FILINGS | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|-------------------------------------|--|
| <input type="checkbox"/> | Amendment |
| <input checked="" type="checkbox"/> | Resignation of R.A. <u>Officer/ Director</u> |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

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99 JAN -7 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1-13-99



Florida Department of State, Jim Smith, Secretary of State

AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

STATE OF FLORIDA
COUNTY OF BROWARD

I, BRIAN LYNN after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

I, BRIAN LYNN, hereby resign as Director, Pres. Treas & stockholder of
(Title)
ECLECTIC ENHANCEMENTS, INC, a Florida corporation;
(Name of Corporation)

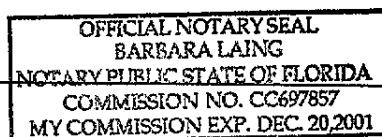
That the corporation has been notified in writing of the resignation.

Brian Lynn
Signature of resigning officer/director

Sworn to and subscribed before me this 4 day of JANUARY 1999.

Barbara Laing
NOTARY PUBLIC

My Commission Expires: _____



FILING FEE IS \$35.00

☒ Personally known to me, or
☐ Produced identification: _____
Type of identification