Requester's Name	00005375
Address City/State/Zip Phone #	4000083587242 -10/14/0201043013 *****35.00 *****35.00
PORATION NAME(S) & DOCUM	Office Use Only MENT NUMBER(S), (if known):
1. (Corporation Name) 2. (Corporation Name)	PN 2: 23 SSEE, FLORIDA *** *** *** *** *** *** ***
4. (Corporation Name) (Corporation Name)	(Document #)
Walk in Pick up time Mail out Will wait NEW FILINGS	Certified Copy Certificate of Status AMENDMENTS
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other
CR2E031(7/97)	Examiner's Initials Oldor OS VOLLOR

02 OCT 14 PM 2: 23
TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION

I, Vincent A Patti	, hereby resign as <u>Director</u> (Title)	
of(Name of Corporation		
a corporation organized under the laws of the Stat	e 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