P99000031379

| (Requestor's Name) | | | | |
|---|-----------------------|--------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Cit | ty/State/Zip/Phone #) | | | |
| PICK-UP | WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates of | Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | : | | |
| | | | | |
| | | | | |
| Office Use Only | | | | |



100263957221

09/10/14--01028--020 **35.00

FILE E D

14 SEP 10 PM 2: 36

100 Resignation

TRANSMITTAL LETTER

| Division of Corporations | |
|---|------------------|
| SUBJECT: Parther Ress Inc. (Name of Corporation) DOCUMENT NUMBER: P99000021279 | |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. | |
| | |
| Please return all correspondence concerning this matter to the following: | |
| Nancy Contreras (Name of Person) | |
| (Name of Person) | |
| Parther Press Inc (Name of Firm/Company) | |
| (Name of Firm/Company) | |
| 1946 NW 54 ave | |
| (Address) | |
| Margase, A 33063 (City/State and Zip Code) | |
| (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| Nancy Correctas (Name of Person) at (954) 701 - 5640 (Area Code & Daytime Telephone Number) | |
| Enclosed is a check for \$35.00 made payable to the Florida Department of State. | TACOME OF ACTION |

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, _ | Nonay Contrevas | , hereby resign as_ | Diveolor officer |
|-------------|-------------------|--|---------------------------------------|
| of_ | Panther Press Inc | | · · · · · · · · · · · · · · · · · · · |
| ρ | 99 n n n n 21 279 | Corporation) a corporation organized un | der the laws of the State of |
| <u> FIL</u> | nda . | | |

Signature of resigning officer/director)

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

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