## P99000028781

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #f)
(Oily	Oldio/Zipri non	<i>0                                    </i>
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	ne)
	·	
(000	ument Number)	
(1000	ament Namber)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
	Ū	Ì
}		ļ
1		
<u> </u>		

Office Use Only



100059541271

10/14/05--01020--004 \*\*157.50

05 OCT 14 PH 4: 42
PATT AHASSEE, FLORID

of off

## **COVER LETTER**

SUBJECT: OR SISTRADELS. COM

(Name of Corporation)

DOCUMENT NUMBER: PTO 0000 2578

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

TAND BENUENUE - CFO

(Name of Person)

OR SISTRADELS. Com

(Name of Firm/Company)

44474 KINGSTON DRIVE

For further information concerning this matter, please call:

DAVID SIENVENUE at (951) 541 0424
(Name of Person) (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

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Andre LAFLAMME, hereby resign as 455T. TO	EASURER Title)	
of ORBIS TRAVES, COM, Inc. (Name of Corporation)	<u>C.</u> ,	
P9000 2578, a corporation organized under the laws of the (Document Number, if known)	e State of	
TLORIDA.		
(Signature of resigning officer/director)	05 OCT 14 PM 4: 42 TÄLLAHASSEE, FLORID	! = つ

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