## P99000028896

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(Address)				
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUB	BJECT: TermProvider INC
	(Name of Corporation)
DOC	CUMENT NUMBER: P99000028896
The	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Plea	se return all correspondence concerning this matter to the following:
Ma	rie Josee Paulzak
	(Name of Person)
Tei	rmProvider INC
	(Name of Firm/Company)
348	8 SW Miracle Strip Pkwy Suite 39
	(Address)
Foi	rt Walton Beach, FL 32548
	(City/State and Zip Code)
For i	further information concerning this matter, please call:
Mar	rie Josee Paulzak at (at (850) 244-9458
	(Name of Person) (Area Code & Daytime Telephone Number)
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.
Ame Divis Clift 2661	et Address: Endment Section Sion of Corporations On Building Executive Center Circle Shassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Chad E Hill	, hereby resign as	(Title)
of_TERMPROVIDER INC	ne of Corporation)	· · · · · · · · · · · · · · · · · · ·
D00000028806	, a corporation organized under the law	vs of the State of
Florida	<del></del> ·	
	(Signature of resigning officer/director)	OB APR 1: SECRETAR TALLAHASS:
	FILING FEE IS \$35.00	YOF SIA

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314