

P990000028896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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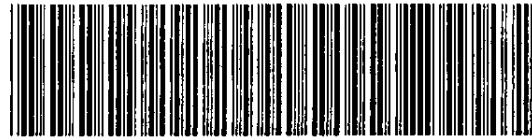
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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1a 2/16/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TermProvider, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P99000028896

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael D Paulzak

(Name of Person)

TermProvider, Inc.

(Name of Firm/Company)

348 SW Miracle Strip Parkway, Ste 39

(Address)

Fort Walton Beach, FL 32548

(City/State and Zip Code)

For further information concerning this matter, please call:

Marie-Josée Paulzak

(Name of Person)

at (850-) 244-9458, ext 212

(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Michael D Paulzak, hereby resign as President
(Title)

of TermProvider, Inc.
(Name of Corporation)

P9900002896, a corporation organized under the laws of the State of
(Document Number, if known)

Florida



(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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