P9900037867

(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Basilisas Elling (Mallis)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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SECRETARY OF STATE

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officer Resignation

Office Use Only

10-23-07

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Baby Guarl of West Palm Beach Name of Corporation) DOCUMENT NUMBER: P99000037867
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Steve Schotzberg (Name of Person) Baby Guard of WPB (Name of Firm/Company) [Sam Edger Old) Rd
(Address) Wellington 6 33 414 (City/State and Zip Code)
For further information concerning this matter, please call: Steve at (561) 827-4080
(Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for \$35.00 made payable to the Elorida Department of State

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

FILED

TALLAHASSEE. FLORIDA

(Title)

Black, Inc.

1. <u>Slamund</u>	Schatz	<u>009</u> he	reby resign	1 as	cucto	ary
					(Ti	tle)
of Boby	Guad	of	West	Palm	Black	- Inc
DOGAGGG	(Name of Corp	ooration)				· · · · · · · · · · · · · · · · · · ·
P9900003	1861,ac	orporatio	n organized	d under the	laws of the	State of
(Document Number, if k	nown)		3			
Flonda	·					

(Signature of resigning officer/diportor)

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