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((Requestor's Name)
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((City/State/Zip/Phone #)
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LURETARY OF STATE
ALL AMASSEE, FLORING

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COVER LETTER

Touch Deather 1			
SUBJECT: Jennete Properties / No. (Name of Corporation)			
DOCUMENT NUMBER: 7990004/528			
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for fi	iling.		
Please return all correspondence concerning this matter to the following:			
Katherine Dowler (Name of Person)	二名	08 APF	ī
Jennethe Properties Inx. (Name of Firm/Company)	ASSEE.	APR 29 AM	T IT
129 N. Pine ande Av. (Address)	STATE FLORIDA	9:21	
Sarasota For 34236 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Katherine Dowden at (941) 320-1228 (Name of Person) (Area Code & Daytime Telephone Numb	<u></u>)		

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

Amendment Section Division of Corporations

TO:

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ı, <u>Katherine «</u>	Doublen	, hereby res	sign as	VP (T	itle)		
	Re Properties (Name of	•					_,
P990000 (Document Numb	94/5-28 per, if known)	, a corporation organ	ized under the	laws of the	State of	f	
					T C RE	08 APF	, Li.
<u>-</u>	hatterne (Sie	soudan gnature of resigning office	cer/director)	<u> 124/08</u>	COF ST	APR 29 AM 9: 2	LED

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