## P99000060700

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

## **COVER LETTER**

SUBJECT: (Name of Gorporations

SUBJECT: (Name of Gorporation)

DOCUMENT NUMBER: (Name of Gorporation)

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

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Name of Firm/Company)

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person)

at (Area Code & Daytime Telephone Number)

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

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

TO:

Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, JAMES M'GINE	, hereby resign as	Director (Title	<del>)</del>	
of WORLD OF Color GR (Name of Con	Porp, Dec,			_,
$O(0) \cdot (-\infty) \cdot (-\infty) = O(0)$	corporation organized unde	r the laws of the S	tate of	
·				
(Signati	gree of resigning officer/director	Ĺ	06 NOV 29 AM IO: 23	FILED

**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