## P9900064618

| (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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07/28/05--01032--009 \*\*35.00

05 JUL 28 AM 8: 20 SECRETARY OF STATE

The Resign

C. Coullistte JUL 2 \$ 2005

## TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations   |
|--|
| SUBJECT: COVER MASTERS, INC  (Name of Corporation)  DOCUMENT NUMBER: P99000064618            |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following:                    |
| Mi Hee Shin (Name of Person)  COVER MASTERS TWO  |
| COVER MASTERS, INC (Name of Firm/Company)  |
| 9892 Montclair Cir   |
| A.PophA. FL 32703<br>(City/State and Zip Code)   |
| For further information concerning this matter, please call:                                 |
| Maggie Paile CPA at (407, 628-4553 (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
409 E. Gaines Street
Tallahassee, FL 32399

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| , HYNN,  | DONG, hereby resign as_                  | President, Directo                              |
|----------|--|---|
| of COVER | MASTERS. ZW. (Name of Corporation)       |   |
| •        | 26/8, a corporation organized under      | er the laws of the State of                     |
| FLORIDA  | · ,                                      |   |
|          | (Signature of resigning officer/director | FILED 5 JUL 28 AM 1 CRETARY OF STEAMASSEE, FILE |

## 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