## P9900064970

(Requestor's Name)		
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
		MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
L	Office Use Only	<b>______</b>

officer Resignation



10/08/03--01035--003 \*\*35.00

FIL.ED 03 OCT -8 AH 8: 23 SECRETARY OF STATE

T BROWN OCT 1 4 2003

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

..... SUBJECT

(Name of Corporation)

## **DOCUMENT NUMBER:**

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

Please return all correspondence concerning this matter to the following:

Company)

Flac 32773 (City/State and Zip Code) SAntord

For further information concerning this matter, please call:

(Name of Person) at (<u>407</u>) <u>402 - 4749</u> (Area Code & Daytime Telephone Number) tern

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

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

Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

CR2E044(11/02)

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ey hereby resign as VICE fre <u>Ц \_</u> (Title) lame of Corporation

(Document Number, if known) floridA

director)

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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