

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | idress) | |
| (Ac | idress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bı | ısiness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| : | | |
| | | |

Office Use Only



800137466588

12/08/08--01050--022 **70.00

08 DEC 08 PM 2: 41

SECRETARY OF STATE DIVISION OF CORPORATIONS

DD/Res 00/12/08

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, L. band Shear, hereby resign as Drecher (Title) |) | - |
|---|--------------------|----------------------|
| of Corporation (Name of Corporation) | | , |
| (Document Number, if known), a corporation organized under the laws of the St | tate of | |
| Fonda. | | |
| | | |
| (Signature of resigning officer/director) | | 9 |
| (- g | 08 DEC | SECRETA VISION OF |
| | 08 DEC 08 PH 22 84 | RY OF SI CORPOR |
| FILING FEE IS \$35.00 | 23 24 | ATE |

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314