pago0001157	
(Requestor's Name) (Address)	900106157079
(Address) (City/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	07/24/0701014021 **35.00
Special Instructions to Filing Officer:	OT JUL 24 PH 3: 37
ODRES ADRES	artens 3: 37

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** P99000067757 **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:

Ston +199 (Name of Person)

Name of Firm/Company)

5937-(Address)

(City/State and Zip Code) 32850

For further information concerning this matter, please call:

10 199 at (<u>407</u>) <u>376</u> <u>5379</u> (Area Code & Daytime Telephone Number) (Name of Person)

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

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1. Royston Fic of Reachf \_, hereby resign as\_ (Title) Corporation α a corporation organized under the laws of the State of (Document umber, if known) Florido 07 JUL 24 PH 3: 37 signing officer/director) natur

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