P9900069533

(Requestor's Name)	
(Addres	s)
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(Business Entity Name)	
(Document Number)	
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Africer Resignation

TRANSMITTAL LETTER

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TO: Amendment Section Division of Corporations

BONCORG SUBJECT: of Corporation) 99000069533 **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:

DAVIA M LUCIAN/. (Name of Person)

(Name of Firm/Company) Courte

David M. Luciani 25711 Inlet Way Ct. Bonita Springs, FL. 34135

For further information concerning this matter, please call:

m: LUCIAN/ DAUP (Name of Person) Area Code & Davtime Telephone Number)

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

<u>Mailing Address:</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED 05 JAN 19 PM 3: 23 SECRETARY OF STATE

I, ______AVID M LUCIDAL, hereby resign as_____ of BOHCOMI COMP. (Name of Corporation)

Corporation)

FWRUNA

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____, a corporation organized under the laws of the State of known)

ignature of resigning officer/director)

LUCIA

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