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TO: Amendment Section **Division of Corporations** C.E.T. OF MELBOURNE, INC. SUBJECT: (Name of Corporation) P99000069942 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: Benjamin Y. Saxon II, Esq. (Name of Person) SAXON & CHAKHTOURA, P.A. (Name of Firm/Company) 111 South Scott Street (Address) Melbourne, FL 32901 (City/State and Zip Code) For further information concerning this matter, please call: Carolyn Saxon (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Mailing Address:
Amendment Section
Division of Corporations **Street Address:** Amendment Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

CAROL L.	DAVIDS	hereby resign as	Director/Secretary	
		, noreby resign as	(Title)	
C.E.T.	-			
	(Name of Corpo	oration)	,	
P990000699	42 .a co	rporation organized und	er the laws of the State of	
(Document Number	, if known)			
Florida			•	
		e of resigning officer/directo	OT AUG 21 AH 9: 16 SECRIE MASSEE, FLORIF TALLAHASSEE, FLORIF	
	C.E.T. P990000699 (Document Number Florida	(Name of Corporation (Name of	C.E.T. OF MELBOURNE, INC. (Name of Corporation) P99000069942 (Document Number, if known) Florida (Signature of resigning officer/directory)	

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