

P99080073741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

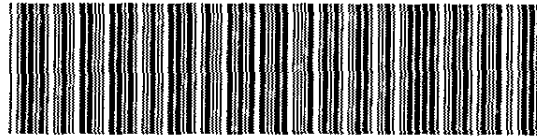
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*088 Resc...*

C. Coulllette SEP 11 2007

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** VISION OFFICE CONCEPTS, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P99000073741

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

Please return all correspondence concerning this matter to the following:

ROBERT M. CUPP JR.  
(Name of Person)

VISION OFFICE CONCEPTS, INC.  
(Name of Firm/Company)

6250 EDGEWATER DR. #800  
(Address)

ORLANDO FL 32810  
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT M. CUPP JR. at (407) 468-1453  
(Name of Person) (Area Code & Daytime Telephone Number)

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

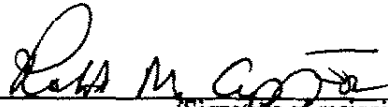
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, ROBERT M. CUPP JR., hereby resign as Vice President  
(Title)

of VISION OFFICE CONCEPTS, INC.  
(Name of Corporation)

P99000073741, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED