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Thomas Winokur	
Requester's Name	
3609 Lendary Dr.	
Address	T _A S o
Tallahasee FL 32308	(\$50) 906- 92-12
City/State/Zip Phone #	NA A
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	Office Use Only Diright
CORPORATION NAME(S) & DOCUM	MENT NUMBER(S), (if known):
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NEW FILINGS	AMENDMENTS
☐ Profit	☐ Amendment
☐ Not for Profit	Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
☐ Domestication	Dissolution/Withdrawal
□ Other	☐ Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	
Fictitious Name	☐ Foreign ☐ Limited Partnership
	Reinstatement
	☐ Trademark
	Other

Examiner's Initials

OFFICER / DIRECTOR RESIGNATION



Ι,_	THOMAS D.	WINOKUR	, ,	hereby resign as	Board (Title)	Member	
of	Criminal	Justice (Education at Name of Corporation	nd Training,	Inc.	···	 ?
a co.	rporation organi	zed under the	e laws of the State	of Flori	da		
and affirm that the corporation has been notified in writing of the resignation.							
Winner When 4/9/2001 (Signature of resigning officer/director)							

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314