## P99000096145

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
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(Document Number)			
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## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Cupresqus (Name of Corporation)  DOCUMENT NUMBER: P9900096145
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Bruce & 13/9tz (Name of Person)
Cupresens (NC (Name of Firm/Company)
7341 Swah Luke Dr (Address)
New Part Richey FL 34655. (City/State and Zip Code)
For further information concerning this matter, please call:
Bruce E Blatz at (727 247 3785 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Thomas Wad	da hereby resign	as(Title)
of CMPressus M		<u> </u>
P990000 96145 (Document Number, if known)	, a corporation organized	l under the laws of the State of
<u>FL</u>	. <u> </u>	
Thom		<u></u>
_ : <del>_</del> _ <del>_</del> <del>_</del> _ <del>_</del> _ <del>_</del> _ <del>_</del> _ <del> </del> _ <del> </del>	(Signature of resigning officer/d	irector)

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