P99000102198

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: BACKSTREET ASSOCIATES, INC.
(Name of Corporation)
DOCUMENT NUMBER: P99000102198
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RENAE STRASNICK % GARY STROMBERG
(Name of Person)
(Name of Firm/Company)
(Company)
128 MARHYA
(Address)
MEDICINE LAKE, MT. 59247
(City/State and Zip Code)
For further information concerning this matter, please call:
RENAE STRASNICK OR GARY STROMBERG 701 570-5216
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
10/23
Street Address:Mailing Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsClifton BuildingPost Office Box 63272661 Executive Center CircleTallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, RENAE STRASNICK	, hereby resign as_	VICE PRESIDENT	
		(Title)	
of BACKSTREET ASSOCIATES, INC.			1
(Name of Corpora	tion)		_
P99000102198 , a corpo (Document Number, if known)	oration organized und	er the laws of the State of	
FLORIDA			

X 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