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(Re	equestor's Name)	
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PICK-UP		MAIL
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TRANSMITTAL LETTER

· TO: Amendment Section **Division of Corporations** SUBJECT nc ouo ame QQ YLD **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:

(Name of Person) 005 Firm/Company) Name of 8 ace ddress' City/State and

For further information concerning this matter, please call:

at (Telephone Number) lame of Person)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

CR2E044(11/02)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

CQ hereby resign as_ ittle n 00 (Name of Corporation) <u>99000</u> , a corporation organized under the laws of the State of (Document Number, if known) orido

(Signature of resigning officer/director)

FILED EP 29 AMII: 38 ETARY OF STATE HASSEE, FLORID,

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