500799

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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TRANSMITTAL LETTER

SUBJECT: ADJEY BRISSON ENGMAN, INC. (Name of Corporation)
(Name of Corporation)
DOCUMENT NUMBER: 500 799
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Wy, F. BRISSON (Name of Person)
ADRY BRISSON ENGMAN, INC. (Name of Firm/Company)
1747 INDEPENDENCE BUYD, UN. + E-3 (Address)
SARASOTA FLORIDA 34234 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (94/) 360-1320 (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
409 E. Gaines Street
Tallahassee, FL 32399

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

TO:

Amendment Section Division of Corporations

FILED OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

04 NOV 22 PM 12: 08

ALLAHASSEE.FLORIDA

of ADIEY BRISSON, ENGMAN TNE. (Name of Corporation)	
(Document Number, if known) a corporation organized under the laws of the State	of
FLORIDA	- ೧೯೮೧ ಕಟ

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