(Re	equestor's Name)	
(Ad	dress)	
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		10
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Dc	ocument Number)	
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Certified Copies Certificates of Status		of Status
	,	
Special Instructions to	Filing Officer:	





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06/19/08--01008--021 **35.00

FILED
2000 JUN 19 PHIZ: 01

officer Resignation
TB 4/20/08

COVER LETTER

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I; Micha Ol W & Zicy P (hereby resign as PRES)	dent	
of North Central Propertie	270	<u> </u>
(Document Number, if known), a corporation organized under the laws of the S	state of	
floeida.		
	2008 JUN 19 SECRETARY TALLAHASSE	T
(Signature of resigning officer/director)	PHIS OF S	D
	TATE ORIDA	

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