

S 40501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

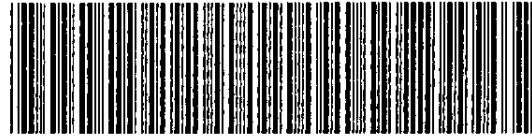
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400193595264

02/14/11--01023--014 **35.00

FILED
11 FEB 14 AM 10:32
STATE DEPARTMENT OF REVENUE

O/D Resign.

02-17-11

D

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 54561 Corp

(Name of Corporation)

DOCUMENT NUMBER: S40501

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark Bias

(Name of Person)

54561 Corp

(Name of Firm/Company)

PO Box 20071

(Address)

Tampa, FL 33622

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Bias at (813) 247-6233

(Name of Person) (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

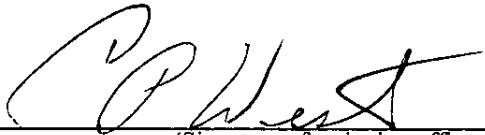
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, C. P. West, hereby resign as V
(Title)

of 54561 Corporation
(Name of Corporation)

s40501, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

AMENDMENT OF STATE

11 FEB 14 AM 10:33

FILED

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