

560099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

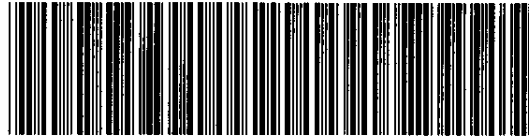
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600186205616

10/18/10--01036--010 **35.00

Mr. Ed Lewis

FILED
10 OCT 18 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts OCT 19 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KANONN SERVICE ENTERPRISES CORPORATION

(Name of Corporation)

DOCUMENT NUMBER: S60099

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

Please return all correspondence concerning this matter to the following:

PETER LEE

(Name of Person)

KANONN SERVICE ENTERPRISE CORP.

(Name of Firm/Company)

3032 EAST COMMERCIAL BLVD

(Address)

FORT LAUDERDALE, FL 33308

(City/State and Zip Code)

For further information concerning this matter, please call:

PETER LEE

(Name of Person)

at (407) 399-0907

(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**

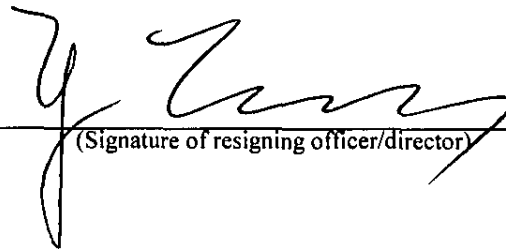
FILED
10 OCT 18 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, **YUNCHONG LEE**, hereby resign as **PRESIDENT**
(Title)

of **KANONN SERVICE ENTERPRISE CORPORATION**,
(Name of Corporation)

S60099, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.


(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