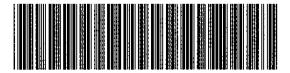
## 588451

ŧ.			
(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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## **COVER LETTER**

TQ:		dment Section on of Corporations		
SUBJ	ECT:_	Pratto	Associates International, (Name of Corporation)	Inc

**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:

Jandra Pratt
Dandra Pratt  (Name of Person)  Pratta Associates International, Ix.
12921 5W 15t Road
(Name of Firm/Company)
Suite 107 # 432 (Address)
(Address)
Jonesuille, 71. 32669
(City/State and Zip Code)

For further information concerning this matter, please call:

Enclosed is a check for \$35.00 made payable to the Clorida 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
2007 OCT 12 AM 10: 21
SECRETARY OF STATE
ALLAHASSEE, FLORIS

I, Ralph C Pratt, hereby resign as	Directer (Title)
of Pratt + Associates Internation	national, Inc.
58845 a corporation organized under (Document Number, if known)	er the laws of the State of
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