J. L. Johnson PO Box 2021 Windermere, FL 3	4786-2021
City/State/Zip	Phone #

900002964249--4 -08/19/39--01043--002 ******35.00 ******35.00

Office Use Only

CORPORATION	NAME(S) & POCUMENT	NUMBER(S), (if known)	:
1	Poration Name)	(Document #)	 .
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Mail out	Will wait Photo	copy	Status
NEW FILINGS	AMENDMENTS	1	
Profit	Amendment		99 SE
NonProfit	Resignation of R.A., Office	er/Director	
Limited Liability	Change of Registered Age	nt	AUG AHAS
Domestication	Dissolution/Withdrawal		SSEE - 9
Other	Merger		PN 4:
OTHER FILINGS	REGISTRATION	7	: 37 RIDA
Annual Report	QUALIFICATION		
Fictitious Name	Foreign		/ to <u></u> <u></u>
Name Reservation	Limited Partnership		·
Tvaric (cesti vation	Reinstatement		
	Trademark	 	·
	Other	-	· -

Examiner's Initials



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

OFFICER / DIRECTOR RESIGNATION

I, <u>Janice Johnson</u> , hereby resign as <u>PlesiDent</u> (Title)	en e terre de la companie de la com
of CLFAR IMPRESSIONS UNLIMITED INC (Name of Corporation)	*** *
a corporation organized under the laws of the State of FLORIDA	
and affirm that the corporation has been notified in writing of the resignation.	·
Gignature of resigning officer/director)	 - ***

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314