## H35457

(Requestor's Name)		
No Retu	rn Addre	<u> భ్ర</u>
No Return Address		
(Address)		
(City/State/Zip/Phone #)		
	D IMM	MAIL
LI PICK-UI	P WAIT	LI MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
,		

Office Use Only



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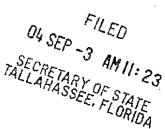
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SECRETARY OF STATE
ANASSEE. FLORID

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## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



(Title)
<del></del>
e laws of the State of

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 Taliahassee, Florida 32314