OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, _____, hereby resign as _____
(Title)

of _____ ,
(Name of Corporation)

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

_____.

_____
(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