

OFFICER / DIRECTOR RESIGNATION

I, _____, hereby resign as _____
(Title)

of _____,
(Name of Corporation)

a corporation organized under the laws of the State of _____

and affirm that the corporation has been notified in writing of the resignation.

(Signature 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**