

N/OA 0000 00 9786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

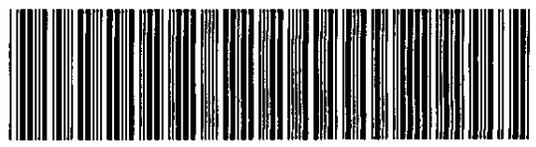
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900213033689

10/25/11--01011--012 **35.00

Handwritten signature

FILED
11 OCT 25 PM 4:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Big Sis, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N08000009786

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Beulah Blanks
(Name of Person)

n/a
(Name of Firm/Company)

PO Box 2947
(Address)

DeLand, FL 32724
(City/State and Zip Code)

For further information concerning this matter, please call:

Beulah Blanks at (386) 956-0962
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida 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

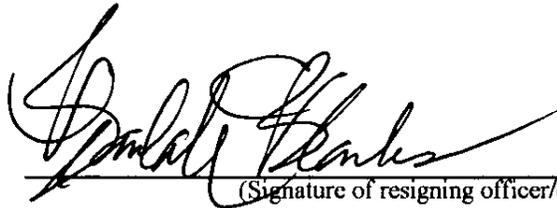
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Beulah Blanks, hereby resign as Director
(Title)

of Big Sis, Inc.
(Name of Corporation)

N08000009786, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILED
11 OCT 25 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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