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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Naı	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
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M/Dir Resign

07 JAN -5 PH 12: 12
SECRETARY OF STATE
SALLAHASSEE, FLORID

COVER LETTER

Division of Corporations
SUBJECT: SLX, Inc. (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Shinling S. Haralambous (Name of Person)
SLX, /nc. (Name of Firm/Company)
14607 Gamesborough Dr (Address)
Orlando, FL 32826 (City/State and Zip Code)
For further information concerning this matter, please call:
Shinling S. Haralambous at (407) 273-3173 (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

TO: Amendment Section

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ı, <u>M</u>	ichael Haralambous, h	ereby resign as <u>//c</u>	Ce President	
of	S, L.X, Inc. (Name of Corporation)		JAN-5	1 7
	Document Number, if known)	on organized under the	laws of the State of FER FLOR	7
	Florida		RIDA RIDA	

(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