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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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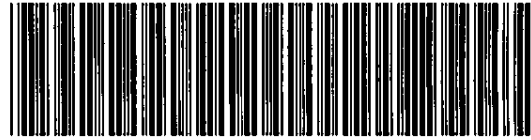
(Business Entity Name)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SHALIAN ENTERPRISES INC.
(Name of Corporation)

DOCUMENT NUMBER: UNKNOWN

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Denise Creedle
(Name of Person)

SHALIAN ENTERPRISES INC
(Name of Firm/Company)

13321 SW 8th LANE
(Address)

MIAMI FL 33186
(City/State and Zip Code)

For further information concerning this matter, please call:

Denise Creedle at (305) 551-5009
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

