319353

| • | | | | | |
|---|--|--|--|--|--|
| (Requestor's Name) | | | | | |
| | | | | | |
| (Address) | | | | | |
| | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| | | | | | |
| (Business Entity Name) | | | | | |
| | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Certificates of Status | | | | | |
| | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Ĺ <u>~~~~~~~</u> | | | | | |

Office Use Only



500077816985

07/26/06--01009--007 **35.00

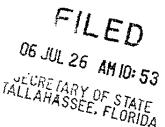


Ps 8/3/060

COVER LETTER

| TO: | Amendment Section Division of Corporations |
|----------------------------------|---|
| SUBJ | TECT: Sherrill Appraisal Company |
| | (Name of Corporation) |
| DOC | UMENT NUMBER: 319353 |
| The e | nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please | e return all correspondence concerning this matter to the following: |
| Rich | nard H. Sherrill |
| | (Name of Person) |
| She | rrill Appraisal Company |
| | (Name of Firm/Company) |
| 410 | E. Government St. |
| | (Address) |
| Pen | sacola FL 32501 |
| | (City/State and Zip Code) |
| For fi | urther information concerning this matter, please call: |
| Rich | ard H. Sherrill at (850) 432-9827 (Name of Person) (Area Code & Daytime Telephone Number) |
| | (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclo | sed is a check for \$35,00 made payable to the Florida Department of State. |
| Amer Divisi Clifto 2661 | Mailing Address: dment Section ion of Corporations n Building Executive Center Circle Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



| L Charles C. Sherrill | , hereby resign as | Director | |
|-------------------------------|----------------------------|---------------|-----------------|
| 7 | - | | (Title) |
| of Sherrill Appraisal Company | | | |
| (Name | e of Corporation) | | _= |
| (Document Number, if known) | a corporation organized ur | nder the laws | of the State of |
| Florida | | | |
| | 는 사람들이 함께 함께 있는 것이다. | | |

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