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LAHLASSEE, FLORIDA

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TRANSMITTAL LETTER

SUBJECT: Sonny Sands Resort
(Name of Corporation)

DOCUMENT NUMBER: 3/23/

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

Please return all correspondence concerning this matter to the following:

Lynda L. Scapino
(Name of Person)

Sunny Sands Resort
(Name of Firm/Company)

522 Central Blud
(Address)

Pierson Al. 32/80
(City/State and Zip Code)

For further information concerning this matter, please call:

Lynda L. Scapino
(Name of Person)

at (386) 149-4232
(Name of Person)

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

TO:

Amendment Section

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Lynda, L. Scapi	, hereby resign as Presid	ent Treasures (Title) + Orector
of SUNNY SAND	S Resort (Corporation)	,
(Document Number, if known)	_ a corporation organized under the laws of	the State of
Florida	· •	
- Jang	gnature of resigning officer/director)	13 JAN 22 PM 4:27 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