## 416027

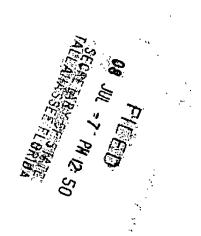
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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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7/3/2008

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: NEWSOM OIL Company (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filin
Please return all correspondence concerning this matter to the following:
Douglas L. Gordon (Name of Person)
NEWSom OIL Company) (Name of Firm Company)
448 27TH STREET (Address)
(Address)
ORLANDO, FL 32 80 6 (City/State and Zip Code)
For further information concerning this matter, please call:
Douglas L. Gorson at (407) 422-3935 (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

NEWSOM OIL CO	<u>(                                    </u>	ແເບາ)		(Title)
(Document Number, if known)	, a corp	oration organized u	nder the laws of	f the State of
FLORIDA				
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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