

610671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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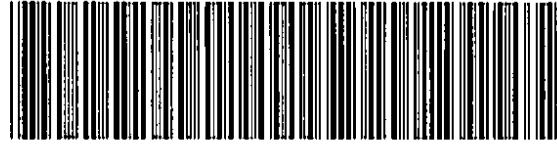
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Bigham Farms Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** 610671

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

Please return all correspondence concerning this matter to the following:

William J Bigham  
(Name of Person)

Bigham Farms Inc.  
(Name of Firm/Company)

4795 Old U.S. Road  
(Address)

Marianna, FL 32446  
(City/State and Zip Code)

For further information concerning this matter, please call:

William J Bigham at (850) 718-7294  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Stormie G Bigham, hereby resign as Secretary/Treasurer  
(Title)

of Bigham Farms Inc  
(Name of Corporation)

610671, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Stormie G Bigham  
(Signature of resigning officer/director)

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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