## G17042

(Re	questor's Name)		
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(City/State/Zip/Phone #)			
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Certified Copies	_ Certificates	s of Status	
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SECRETARY OF STATE
SECRETARY OF STATE

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## COVER LETTER

TO:	Amendment Section Division of Corporations
SUB	TECT: Officer resignation - SylPau Corporation
	(Name of Corporation)
DOC	UMENT NUMBER: G17042
The e	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
Elys	e Swalley
	(Name of Person)
SylF	Pau Corporation
	(Name of Firm/Company)
1130	0 102 Street
	(Address)
Bay	Harbor Islands, FL 33154
	(City/State and Zip Code)
For fi	urther information concerning this matter, please call:
Elyse	(Name of Person) at (786 ) 326 8801 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	osed is a check for \$35.00 made payable to the Florida Department of State.
Divisi Clifto 2661	Mailing Address:  Amendment Section  ion of Corporations  n Building  Executive Center Circle  massee, FL 32301  Mailing Address:  Amendment Section  Division of Corporations  Post Office Box 6327  Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I. Elyse Swalley	herehy resign as	Vice President / Treasurer	
	,, 100.00	(Title)	
of SylPau Corporation		,	
(Name of	Corporation)		
(Document Number, if known)	, a corporation organized un	der the laws of the State of	
Florida	•		
	)	,	
(Sig	mature of resigning officer/direct	tor)	

## 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