448564

(R	equestor's Name)		
(Address)			
(A	ddress)	·	
(C	ity/State/Zip/Phone #	f)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates o	f Status	
Special Instructions to Filing Officer:			

Office Use Only



000106461560

08/21/07--01038--009 **35.00

Tay

O7 AUG 21 AM 9: 16

COVER LETTER

Amendment Section Division of Corporations

SUBJECT: Storybook Cottage Inc. (Name of Corporation) H48564 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jeffrey H Kamm (Name of Person) Storybook Cottage Inc. (Name of Firm/Company) 7 Contera Dr. (Address) St Augustine, FL 32080-5418 (City/State and Zip Code) For further information concerning this matter, please call: Jeff Kamm (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Mailing Address: Street Address: Amendment Section **Amendment Section Division of Corporations Division of Corporations** Clifton Building Post Office Box 6327 2661 Executive Center Circle Tallahassee, FL 32301 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Joyce Wilson	, hereby resign as_	Director	
	,,	(Title)	
of Storybook Cottage,Inc.			
(Name of 0	Corporation)	,	
H48564 (Document Number, if known)	a corporation organized un	der the laws of the State of	
Florida			
(Sign	ature of resigning officer/direc	OT AUG 21 AM 9: 16 TALLAHASSEE, FLORID TOP	

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