

J 76564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

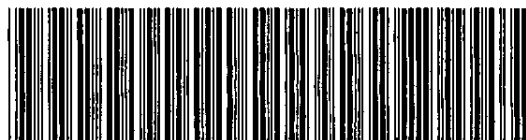
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/25/13--01049--003 **35.00

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FEB 28 2013
R. WHITE

FILED
13 FEB 25 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SM ROBIN INC
(Name of Corporation)

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:

MELIDA WILLIAMS
(Name of Person)

(Name of Firm/Company)

3101 N COUNTRY CLUB DRIVE #704
(Address)

AVENTURA, FL 33180
(City/State and Zip Code)

For further information concerning this matter, please call:

MELIDA WILLIAMS at (954) 294-8111
(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
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MELIDA WILLIAMS, hereby resign as VICE PRESIDENT ^{*}
(Title)

of SAM ROBIN, INC.,
(Name of Corporation)

576564, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

* PLEASE NOT THAT I WAS NEVER AWARE, INFORMED
OR AUTHORIZED FOR SAM ROBIN, INC TO NAME ME AS
VICE PRESIDENT OF THIS COMPANY. THIS WAS DONE
WITHOUT MY CONSENT.

Melida P. Williams

(Signature of resigning officer/director)

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

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TALLAHASSEE, FLORIDA

* I ONLY FOUND OUT NOW IN ~~DECEMBER~~ JANUARY OF '13.