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| (Requestor's Name) | | | | | | |
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| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: Shelter Systems, Inc. (Name of Corporation) |
| DOCUMENT NUMBER: 197528 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Eliazar De Leon, Jr. (Name of Person) |
| Shelter Systems, Inc. (Name of Firm/Company) |
| 7300 SW 198th Avenue |
| Dunnellon, FL 34431 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Eliazar Deleon, Jr. at (352) 266 3261 (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

| I, ELIAZAR DE LE | | | as VICE - PRESI (Ti | DENT tlc) |
|--------------------------------|--------------------------|------------------------------|------------------------|--------------|
| of shelter | SYSTEMS, I | noration) | | , |
| # J9 7528 (Document Number, if | , a co | orporation organized | under the laws of the | State of |
| FLORIDA | · | | • | |
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| | Eliazon Deke (Signatu | ere of resigning officer/dia | rector) | VIO |
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| | FILIN | G FEE IS \$35.00 | | 12 AM 7: 3 |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Make checks payable to Florida Department of State and mail to: