## L34058

| (Re                                     | questor's Name)      |          |
|---|----------------------|----------|
| (Ad                                     | dress)               |          |
| (Ad                                     | dress)               |          |
| (Cil                                    | ry/State/Zip/Phone # | r)       |
| PICK-UP                                 | WAIT                 | MAIL     |
| (Bu                                     | siness Entity Name   | )        |
| (Dc                                     | ocument Number)      |          |
| Certified Copies                        | Certificates o       | f Status |
| Special Instructions to Filing Officer: |                      |          |
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THYISION OF CORPORATIONS

16 AUG = 1 PM 3: 22

C. LEWIS

AUG 1 2 2014

EXAMMER

## TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations  |
|---|
| SUBJECT: CRophic Reproductions Inc (Name of Corporation)                                      |
| DOCUMENT NUMBER: L 34058  |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following:                     |
| Debra Shuler (Name of Person)   |
| GRaphic Reproductions (Name of Firm/Company)  |
| 40 422 Julia St<br>(Address)  |
| Titusuille, TL 32796 (City/State and Zip Code)  |
| For further information concerning this matter, please call:                                  |
| Debra Shuler (Name of Person)  at (321) 267-8563 (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
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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NATISHEN OF COMPORATIONS
14 AUG - 1 PM 3: 22

| . Debra Shuler      | hereby resign as Secretary Treasurer                     |
|---------------------|--|
| of Graphic Reproduc | tions line.  |
| 1211200             | , a corporation organized under the laws of the State of |
| Florida             | ·  |
|                     |  |
| _                   |  |

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