N03000001469

(Requestor's Name)								
(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:								

Office Use Only



300027283163

01/26/04--01023--016 **35.00

U4 JAN 23 FTI IZ: UN
LUBETARY OF STATE

1/20104

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: 505 FOUNDATION FOR KINS INC. (Name of Corporation)
DOCUMENT NUMBER: EIL 05-0593345
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SARA RANKEN (Name of Person)
SALASOM REFSHORE SHOWOWN FOUNDATION FOL ICIDS INC. (Name of Firm/Company)
3333 CLARK RD. SUITE 160
SARASOTA FLORICA 34231 (City/State and Zip Code)
For further information concerning this matter, please call:
SARA RANKON at (941) 929-0621 (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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	SARA	RANKIN		, hereby resign	n as	DIREC	Title)	<u> </u>		
of	Sos	FOUL (Na	OATION me of Corpor	FOR Ki	1005 <u>,</u>	ric.				
EIN	05-05 Document Number	83345 er, if known)	, a corp	oration organized	d under t	the laws of th	ne State o	ſ		
	FLORIDA	. ii	<u> </u>		··· ,	د س	ے نے	,		٠,
			Sala (Signature o	Parker of resigning officer/o	lirector)	·		SECRETARY	04 JAN 23	FILED
								RETARY OF STATI	PM 12: 06	EO

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