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## **COVER LETTER**

SUBJECT: (Name of Corporation)
DOCUMENT NUMBER: <u>NO40000 9243</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Willie L. MCCall (Name of Person)
(Name of Firm/Company)
10103 Sherwood LN. # 186 (Address)
Riverview, Fl. 33578 (City/State and Zip Code)
For further information concerning this matter, please call:
Willie L. yncCalf (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
Post Office Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

• • • •		DIRECTOI R A CORPO	R RESIGNA' DRATION	2089 DE	C-7 PH 3:47  ARY OF STATE SSEE. FLORIDA
I, Willie L.	McCall	, her	reby resign as	Trea,s	SSEE. FLORIDA (Title)
of The Sanc	tuary of	Tampa of Corporation)	Bay		,
NO400000 9 (Document Number	7243 er, if known)	_, a corporation	n organized unde	er the laws o	f the State of
Florida		<u></u>			

## 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