

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
V.		
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	
, we	our rumber,	
Certified Copies	_ Certificates o	of Status
Special Instructions to Filing Officer:		
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03/27/12--01021--009 **35.00





COVER LETTER

Amendment Section Division of Corporations

TO:

	·
SUBJECT: Sarah's Place Owner	
NOSO	(Name of Corporation)
DOCUMENT NUMBER: NUSO	000012498
The enclosed Officer/Director Resig	nation for a Corporation and fee are submitted for filing
Please return all correspondence con	cerning this matter to the following:
Malenea Ray	
(Name of Perso	on)
(Name of Firm/Cor	npany)
6456 Sarah's View Court	
(Address)	
Jacksonville, FL 32244	
(City/State and Zip	Code)
For further information concerning the	his matter, please call:
Malenea Ray	at (904) 504-0976
(Name of Person)	at (904) 504-0976 (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, Malenea Ray	, hereby resign as Treasury	
	(Title)	
of_Sarah's Place Owners Ass	ociation, Inc.	
(N	ame of Corporation)	
N05000012498 (Document Number, if known)	, a corporation organized under the laws of the State of	
Florida	·	
Male	(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