NO 700000 1954

(Re	equestor's Name)	
(***	,quodior o riamo,	
(Ac	Idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #1
-	y/Otato/Zip/i floti	o
PICK-UP	☐ WAIT	MAIL
(Bı	ısiness Entity Naı	ne)
(Do	cument Number)	
·	ŕ	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		ł
	,	

Office Use Only



700096924537

04/16/07--01070--026 **35.00

SECRETARY OF STAIL SECRETARY OF STAIL

00

COVER LETTER

Promote Perdido SUBJECT: (Name of Corporation) N-07000001954 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Vicky Hinrichs (Name of Person) Promote Perdido (Name of Firm/Company) 13578 Perdido Key Drive (Address) Pensacola, FL 32507 (City/State and Zip Code) For further information concerning this matter, please call: Vicky Hinrichs 850 492-2940 (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address: Mailing Address: Amendment Section Amendment Section Division of Corporations Division of Corporations Post Office Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

O7 APR 16 AH 10: 22
TALLAHASSEE, FLORIDA
CTOR

l, JAMES D. DAVENPORT	, hereby resign as	DIRECTOR	LORI
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(1	litle)
of PROMOTE PERDIDO			
	ne of Corporation)		
N07000001954	, a corporation organized un	der the laws of th	e State of
(Document Number, if known)	-		
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