

N08000009358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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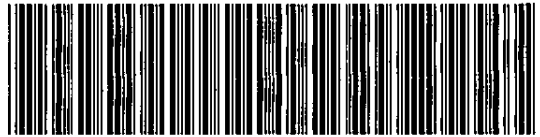
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

0065 2/16/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BLACKSHEEP RIDERS MC INC
(Name of Corporation)

DOCUMENT NUMBER: N08000009358

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CONNIE RIMAS

(Name of Person)

(Name of Firm/Company)

7990 BAYMEADOWS RD E #1128

(Address)

JACKSONVILLE, FL 32256

(City/State and Zip Code)

For further information concerning this matter, please call:

CONNIE RIMAS

(Name of Person)

at (904) 200-6823

(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

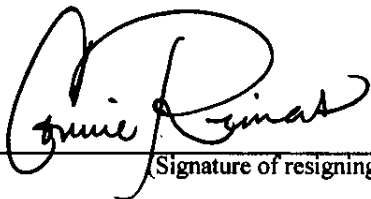
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, CONNIE RIMAS, hereby resign as S - SECRETARY
(Title)

of BLACKSHEEP RIDERS MC INC,
(Name of Corporation)

N08000009358, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
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TALLAHASSEE, FLORIDA

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