

NO900002713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

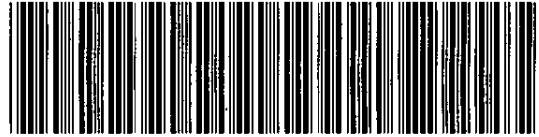
(Document Number)

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2009 APR 17 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signatures]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 24-7 sports, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N09000002713

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

Please return all correspondence concerning this matter to the following:

Lisa Weaver
(Name of Person)

24/7 sports, Inc.
(Name of Firm/Company)

1449 Rosada Way
(Address)

Fort Myers, FL 33901
(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Weaver at (239) 745-5869
(Name of Person) (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, Lisa Weaver, hereby resign as Director
(Title)

of 24/7 Sports, Inc
(Name of Corporation)

N09000002713, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Lisa Weaver
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 APR 17 AM 9:04

FILED

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

April 14, 2009

To Whom It May Concern,

I am sending this Officer/Director Resignation Form for 24/7 Sports, Inc. as I have recently become aware that I am listed on the license as a Director. I was unaware that I was being listed on this license, nor did I give permission.

Please remove my name immediately from this document, as I do not wish to be affiliated with this corporation. Please let me know when this issue has been resolved.

Thank you for your help with this matter.

Sincerely,

** Lisa Weaver* *

Lisa Weaver
1449 Rosada Way
Fort Myers, FL 33901
(239) 745-5869

* (see attached notary acknowledgement)

Notary Acknowledgement

State of Florida
County of Lee

The foregoing instrument was acknowledged before me this 14th day of **April, 2009**,
by **Lisa Weaver** who ~~X~~ is/are personally known to me or _____ has/have produced
_____ as identification and who _____ did _____ did not take an oath.

Tara Cameron

Notary Public

Tara S Cameron

Printed Name of Notary

Seal:

