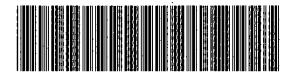
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(Red	questor's Name)	
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TALLAHASSEE, FLORID.

op lesign C.COULLIETTE

MAR 3 0 2010

EXAMINER

COVER LETTER

TO:	Amendment Section Division of Corporations
SUB	JECT: Smokin' Guns Mounted Shooters, Inc.
	(Name of Corporation)
DOC	CUMENT NUMBER: N09000010608
The o	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filin
Pleas	e return all correspondence concerning this matter to the following:
Pau	ıla R. Warren
	(Name of Person)
Wa	rren Residence
	(Name of Firm/Company)
186	0 Murphy Street
	(Address)
Ovi	edo, FL 32765
	(City/State and Zip Code)
For f	urther information concerning this matter, please call:
Pau	la R. Warren at (407) 366-5188 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.
Ame Divis Clifto 2661	Mailing Address: Amendment Section Sion of Corporations On Building Executive Center Circle hassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Paula R. Warren	, hereby resign as_	Secretary/Treasurer	
1)	, nereby resign as_	(Title)	
of Smokin' Guns Mounted Shooters,	Inc.		
(Name of C	orporation)		
N0900010608 , a (Document Number, if known)	corporation organized un	der the laws of the State of	
Florida			
·			
- Handa	Lu anes		
(Signa	ture of resigning officer/direc	ب منتز	
		10 MAR 29 ECRETAR LLAHASS	
		संस∽< •	
FILI	NG FEE IS \$35.00	OF SIA	

Make checks payable to Florida Department of State and mail to:

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