N1200000 2195

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



700240476597

10/22/12--01028--012 **35.00

the / DD lugo

SECRETARY OF STATENS
OF CORPORATIONS
12 OCT 22 PH 2: 32

OCT 2 3 2012

T. ROBERTS

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: SYNERGY ALLIA	ANCE INC.
	(Name of Corporation)
DOCUMENT NUMBER: N	12000002195
The enclosed Officer/Director Re	esignation for a Corporation and fee are submitted for filing
Please return all correspondence	concerning this matter to the following:
Nongae S. Johnson	
(Name of I	Person)
Synergy Alliance Inc.	
(Name of Firm	/Company)
14052 52nd. Ave. South	
(Addre	ss)
Delray Beach Fl. 33484	
(City/State and	Zip Code)
For further information concerni	ng this matter, please call:
Nongae S. Johnson	at (561) 665-0083 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 n	nade 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



Erin K. Beach	, hereby resign asTD
	(Title)
SYNERGY ALLIANCE INC.	
(Nan	ne of Corporation)
N12000002195	, a corporation organized under the laws of the State of
(Document Number, if known)	
FLORIDA	
\mathscr{Q} .	
(rus	n V. Beach
	(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