NISDD	0001504
(Requestor's Name) (Address)	100286860291
(Address) (City/State/Zip/Phone #)	06/16/1601005011 **35.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	FILED 2016 JUNI 6 PH SECRE LARY OF S TALLAHASSEE FL
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TRANSMITTAL LETTER

TO: Amendment Section **Division of Corporations**

Soaring Beyond Our Limits, Inc. SUBJECT: DOCUMENT NUMBER: N 15000001504

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

Please return all correspondence concerning this matter to the following:

Darlene Foster (Name of Person)

(Name of Firm/Company)

200 Scotia Drive, unit 308

H POLUXO FL 33426 (City/State and Zip Code)

For further information concerning this matter, please call:

<u>Vonne Williams</u> at (<u>561</u>) <u>204-4184</u> (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32304

CR2E044 (05/13)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1. Darlene Foster_, hereby resign as Direct of Soaring Beyond Our Limints, Inc. (Name of Corporation) N1500001504. a corporation organized under the laws of the State of (Document Number, if known)

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Signature of resigning officer/director)

FILING FEE 18 \$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