

N15000007940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

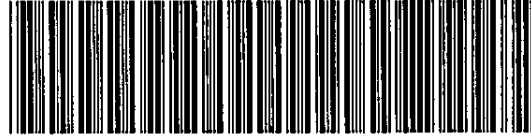
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: S. A. F. E. Inc  
(Name of Corporation)

DOCUMENT NUMBER: N1500000 7940

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

Please return all correspondence concerning this matter to the following:

Robert Pares  
(Name of Person)

(Name of Firm/Company)

2849 Bingham Dr.  
(Address)

Land O' Lakes, FL 34639  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Pares at ( 813 ) 300-7218  
(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 32301

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DIVISION OF CORPORATIONS

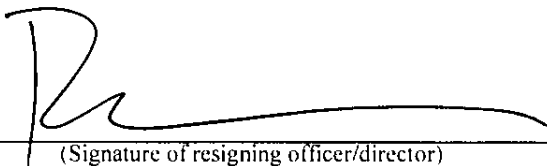
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Robert Paredes, hereby resign as Director  
(Title)

of S. A. F. E., INC.  
(Name of Corporation)

N/15000807940, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida.

  
(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

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STATE DEPT OF STATE  
DIVISION OF CORPORATIONS