## N9500002227

(Requestor's Name)				
(Address)				
(Address)				
(Ćity/State/Zip/Phone #)				
(City/State/Zip/Priorie #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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Off Resign. 7/11/11

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT:	S.U.P.P.O.R.	T., INC.		
_	ation)			
DOCUMEN'	Γ NUMBER:	N95000002227	·	
The enclosed	Officer/Director	r Resignation for a	Corporation	and fee are submitted for filing
Please return	all corresponder	nce concerning this	s matter to th	e following:
Shirley Y. L	owry			
	(Name	of Person)		
	(Name of F	irm/Company)		
16903 Melis	ssa Ann Drive	•		
	(Ād	dress)		
Lutz, Florida	a 33558			
<del></del>	(City/State	and Zip Code)		
For further in	formation conce	rning this matter,	please call:	
Shirley Low	У	at	813	951-0352 & Daytime Telephone Number)
	(Name of Perso	on)	(Area Code	& Daytime Telephone Number)
Enclosed is a	check for \$35.00	0 made payable to	the Florida I	Department of State.
Street Address Amendment S Division of Co Clifton Buildin 2661 Executiv Tallahassee, F	ection orporations ng e Center Circle	Mailing A Amendme Division o Post Offic Tallahasse	address: ent Section of Corporation e Box 6327 ee, FL 32314	ns

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,Shirley Y. Lowry	hereby resign as President			
1,	(Title)			
of S.U.P.P.O.R.T., INC.				
(Nam	e of Corporation)			
N95000002227 (Document Number, if known)	, a corporation organized under the laws of the State of			
Florida	·			
Olinley	(Signature of resigning officer/director)  ART JARY OF THE SEE			
	OF STATE OF			

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

FILING FEE IS \$35.00

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