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T.

TO:

COVER LETTER

SUBJECT:	SOFA - ART INC, (Name of Corporation)
	(Name of Corporation)
DOCUMENT NUMBER:	f 000000 33881
The enclosed Officer/Direct	tor Resignation for a Corporation and fee are submitted for filing
Please return all correspond	lence concerning this matter to the following:
DANIEL TA	66EL
(Nan	ne of Person)
SOFA - AR	T INC.
(Name of	Firm/Company)
3625 S, W.	30 M NE. BLOG, # 1 Address)
(/	Address)
FORT LANDER	DAIE FL. 37312
(City/Sta	te and Zip Code)

For further information concerning this matter, please call:

Amendment Section Division of Corporations

(Name of Person) at (954) 632-0/95 (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made 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

06 SEP 11 AM 11: 43
TALLAHASSEE, FLORIDA

PATRICIA H. MCNA	UGHTON	, hereby re	esign as_ <i>PRE</i> :	SiVewT (Title)	
SOFA - ART IN	ame of Corpo	oration)			
(Document Number, if known)	sa cor	poration organ	nized under the	laws of the State of	f
FURDA	·				
	_	1 1	1 1	7)	

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