P00000100986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

LIZ AVE AUTHORIZATION
TO ADD "S" TO
ADAM IN CORP NAME
KRC 6/25

Office Use Only

600019850966

06/18/03--01034--013 **35.00

FILED
03 JUN 18 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0 10 Rec
KRC 6/25

LAW OFFICES
MITTELBERG & NICOSIA

BARRY STEVEN MITTELBERG
GIOVANNI NICOSIA

SUITE 102
8100 NORTH UNIVERSITY DRIVE
FORT LAUDERDALE, FLORIDA 33321
TEL: (954) 752-1213
FAX. (954) 752-5299

REPLY TO:
FORT LAUDERDALE OFFICE

HOLLYWOOD, FLORIDA OFFICE
2455 HOLLYWOOD BOULEVARD
HOLLYWOOD, FLORIDA 33020
TEL: (954) 921-1211

June 16, 2003

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

Re: Sleep Safe Alarms
Document #: P00000100986

To Whom This May Concern:

Please find enclosed a check in the amount of $35.00 made payable to Florida Department of State for the enclosed Resignation of Officer and Director of Sleep Safe Alarm.

Should you have any questions please feel free to contact me.

Very truly yours,

BARRY S. MITTELBERG

BSM:eac
enc.

RESIGNATION OF OFFICER AND DIRECTOR OF
SLEEP SAFE ALARMS, INC.

TO: Department of State
Tallahassee, Florida 32301

PLEASE TAKE NOTICE that the undersigned hereby resigns as the Officer and Director of SLEEP SAFE ALARMS, INC. a Florida corporation having its registered office at 5843 Margate Blvd., Pompano Beach, Florida 33063.

The undersigned hereby stipulates and agrees that he is relinquishing any right, title or interest in this corporation whether it be as a shareholder, officer, director, or the like.

This resignation shall take effect on the date set forth below.

DATED this 13th day of June, 2003

FILED
03 JUN 18 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JOHN MORALES

STATE OF FLORIDA)
)SS
COUNTY OF Broward)

The foregoing instrument was acknowledged before me this 13th day of ~~January~~, 2003by JOHN MORALES, who is personally known to me [or has produced ____ as identification] and who did [did not] take an oath.

Elizabeth A. Connell
NOTARY PUBLIC
State of Florida at Large

My Commission expires:

Elizabeth A. Connell
MY COMMISSION # CC872194 EXPIRES
September 20, 2003
BONDED THRU TROY FAIN INSURANCE, INC.