(Requestor's Name)	_
(requestors name)	
(Address)	
, ,	
(Address)	
(City/State/Zip/Phone #)	
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	. =	
SUBJECT: SAND U DOCUMENT NUMBER: POR	Name of Corporation	~ C ₁
DOCUMENT NUMBER: Por	0000 110817	
The enclosed Officer/Director Resign	ation for a Corporation an	d fee are submitted for filing
Please return all correspondence conc	erning this matter to the fo	ollowing:
TODO TAYLOR (Name of Person	n)	·
SAND LAKE CYCLE (Name of Firm/Com	ı∼c₁ pany)	
12299 UNIVERSITY (Address)	BLVA	
ORLANGO FL (City/State and Zip G	32817 ====================================	
For further information concerning th		
TODD TAYLOR (Name of Person)	at (407) (Area Code &	382-9514 Daytime Telephone Number)
Enclosed is a check for \$35.00 made	payable to the Florida Dep	artment of State.
Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399	

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	JOE	ARMSTROM	vG-	hereby re	sign as	VILE	PRESIDEN	T SECRE	TARY
				-	_		(Title)	•	
of_	5Ar			ĨΝC,	<u> </u>		· 	 :	,
		(Na	me of Corpor	ation)					
	(Document N	umber, if known)	, a corp	ooration organ	nized unde	er the la	ws of the St	tate of	
	FLORID	A	<u>:</u> -				: ==		•
			(Signature	of resigning offi	cer/director)	TOHIDA	TALLAND SEE AMID: 26	

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