P01000081644

(Requ	uestor's Name)	
(Addr	ress)	
(Addi		
(Addi	essi	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me) :
(545)	nooc Entity (tal	
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		

Office Use Only



500134948985

08/27/08--01042--001 **35.00

FILED
2008 AUG 27 AM 9: 25
SECRETARY OF STATE
ASSECTED AND SECRETARY OF STATE
ASSECTED ASSECTED AND SECRETARY OF STATE
ASSECTED ASSECTED

officer Resignation
TB 9/2/18

COVER LETTER

Division of Corporations			
SUBJECT: SPECIALLY Graphics luc (Name of Corporation)			
DOCUMENT NUMBER: PO1000081644			
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
(Name of Person)			
(Name of Firm/Company)			
(Address)			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Toe Sheehan at (239) 2982157 (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
Post Office Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO: Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	KAREN Doole	, hereby resign as	Danceto R (Title)
of	SPECIOTY (Name	of Corporation)	
		, a corporation organized unde	
	Florida	·	ZIM AUG 27 TALLAHAS
	, /		SERVER BY
	* _ Kal	Signature of resigning officer/director	9: 25 FLORIDA

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