Po100092624

(Re	equestor's Name)	
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(nu	iuless)	•
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	☐ MAIL
		•
(Bu	isiness Entity Nar	ne)
· (Do	cument Number)	
(DC	cument Number)	
Certified Copies	_ Certificates	of Status
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Alsegnation 18 19 July 04/02/10-01015-001 **35.00

FILED

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SECRETARY OF STATE
SECRETARY OF STATE
ALLAHASSEE, FLORIDI

4/5/10:

COVER LETTER

SUBJECT: SANGARY Y SON TIME.

(Name of Corporation)

DOCUMENT NUMBER: POIOCO 92624

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

SANGARY SON TIME.

(Name of Person)

SANGARY SON TIME.

(Name of Firm/Company)

15851 NE ST.

(Address)

Willisten TH. 32696

(City/State and Zip Code)

For further information concerning this matter, please call:

William Hanks
(Name of Person)

at (352) 528 - 6188
(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section

Post Office Box 6327

Tallahassee, FL 32314

Division of Corporations

CR2E044(08/05)

Street Address:

Clifton Building

Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

TO:

Amendment Section Division of Corporations

OFFICER / DIRECT	FILED RPORATION SECRETARY OF STATE
	, hereby resign as Director of Citile)
of Sanfond 4 Sen (Name of Corporation	Inc.
PO/000 92624, a corpor (Document Number, if known)	ration organized under the laws of the State of

(Signature of resigning officer/director)

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