

PO1000097888

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Sardinas Enterprises, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P01000097888

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eloy Sardinas

(Name of Person)

Sardinas Enterprises, Inc.

(Name of Firm/Company)

901 E 10 Avenue - Suite 11

(Address)

Hialeah, FL 33010

(City/State and Zip Code)

For further information concerning this matter, please call:

Eloy Sardinas

(Name of Person)

at ( 305 ) 882-0701

(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  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

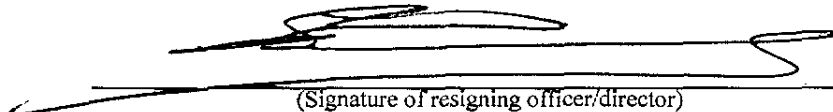
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Alberto Sardinas, hereby resign as Officer  
(Title)

of Sardinas Enterprises, Inc.  
(Name of Corporation)

P01000097888, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
(Signature of resigning officer/director)

**FILED**  
05 SEP -6 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, 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