P01000116741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

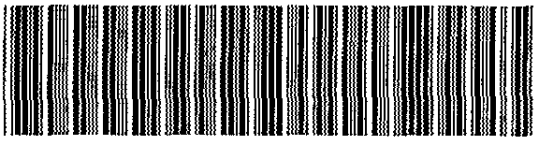
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
Resignation was filed with UBR.

Office Use Only



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DIVISION OF CORPORATIONS
2003 APR 28 PM 5:38

Officer Resignation
LFS
5-16-2003

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SAWGRASS DEVELOPMENT, INC.
(Name of Corporation)

DOCUMENT NUMBER: P01000116741

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

Please return all correspondence concerning this matter to the following:

THOMAS P. MOLLOY
(Name of Person)

SAWGRASS DEVELOPMENT, INC.
(Name of Firm/Company)

P.O. BOX 18196 / 4427 BAYPOINT ROAD (32411)
(Address)

P.C. BEACH, FL. 32417
(City/State and Zip Code)

For further information concerning this matter, please call:

THOMAS P. MOLLOY at (850) 235-7777/338-0346
(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
P.O. Box 6327
Tallahassee, FL 32314

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

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OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, FREDERICK W. CRISPEN, hereby resign as PRESIDENT (Title)

of SAWGRASS DEVELOPMENT, INC. (Name of Corporation),

P01000116741 (Document Number, if known), a corporation organized under the laws of the State of FLORIDA.

(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

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