

PO2 000028134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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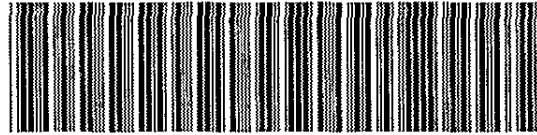
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CASABLANCA BAGS INC.
(Name of Corporation)

DOCUMENT NUMBER: P02000028134

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

Please return all correspondence concerning this matter to the following:

Sheila F Bolin
(Name of Person)

Casablanca Bags Inc.
(Name of Firm/Company)

11588 HIABS GROVE DR
(Address)

COOPER CITY FL 33330
(City/State and Zip Code)

CASABLANCA BAGS
4852 N. HIATUS ROAD
SUNRISE, FL. 33351
TEL 954-747-8448
FAX 954-747-4818

For further information concerning this matter, please call:

Sheila Bolin at (954) 747-6446
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, JOSHUA BOLIN, hereby resign as Vice President
(Title)

of Casablanca Bars INC
(Name of Corporation)

P02000028134, a corporation organized under the laws of the State of
(Document Number, if known)

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