

P02000050553

(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:

Office Use Only



700030716967

03/18/04--01037--009 **35.00

FILED
04 MAR 19 PM 3:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

3/24
all off/d:
resig

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SBM OF FortLauderdale, INC
(Name of Corporation)

DOCUMENT NUMBER: P02000050553

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

Wallace Parrish II
(Name of Person)

SBM Of Fort Lauderdale
(Name of Firm/Company)

4640 SW 92 AVE
(Address)

FT Lauderdale FL 33314
(City/State and Zip Code)

For further information concerning this matter, please call:

William Tyler at (954) 964 4738
(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


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Wallace Parrish II, hereby resign as President
(Title)

of SBM OF Fort Lauderdale, FLORIDA INC.
(Name of Corporation)

P02000050553, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILED
04 MAR 19 PM 3:29
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