P02000051899

(Re	questor's Name)			
(Address)				
(Ad	dress)			
{Cit	y/State/Zip/Phon	e #)		
	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Do	cument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
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<u></u>				

Office Use Only



100041515761



10/05/04--01025--012 **35.00



0/D resign



TRANSMITTAL LETTER

	Amendment Sectio Division of Corpor						
SUBJE	CT:	SHADY	OAKS	MOBILE (Name of C	HOME	PARK,	INC.
~ ~ ~ ~ ~		DOSCOC		`	orporacio	117	
DOCU	MENT NUMBER:	P02000	703103	, <u>, , , , , , , , , , , , , , , , , , </u>		<u>-</u>	
The enc	losed Officer/Direc	tor Resign	nation f	or a Corpor	ation an	d fee are	submitted for filing
Please re	eturn all correspond	ience con	cerning	this matter	to the fo	ollowing:	
	Amnon Dabach	ì					
	(Nam	e of Perso	n)				
	Shady Oaks M			Park,	Inc.		
	(Name of	Firm/Con	ipany)				
	600 Three Is	slands	BLvd	# 1811			
	(2	Address)					
	Hallandale,	FL 330	09				
	(City/Stat	e and Zip	Code)				
For furth	er information con-	cerning th	is matte	er, please ca	all:		
	Amnon Dabach	1		at (95	+ ,4	シューフ	elephone Number)
	(Name of Per	son)		(Area	Codé & I	Daytime T	elephone Number)
Enclosed	is a check for \$35.	00 made j	payable	to the Flor	ida Depa	artment o	f State.
Division P.O. Box	ent Section of Corporations		Amendi Division 409 E. (Address: ment Section of Corpora Jaines Streetssee, FL 32	ations et		

FILED

04 OCT -5 AM 9: 34

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

BELLE DABACH	, hereby resign as Director
	(Title)
SHADY OAK	S MOBILE HOME PARK, INC.
	(Name of Corporation)
P02000051899	, 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

BELLE DABACH

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314