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(Req	uestor's Name)	
(Add	ress)	
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PICK-UP	MAIT	MAIL.
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(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	





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THE STATE OF STATE OF



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: STATEWIDE PRIVATE Group INC. (Name of Corporation)
DOCUMENT NUMBER: PO 2000066 808
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
BRIAN KENNEDY (Name of Person)
Statewide Pervote Gracep, INC. (Name of Firm/Company)
5389 Huy 115 W. (Address)
Clauland, Ga. 30520 (City/State and Zip Code)
For further information concerning this matter, please call:
BRIAN KEWNERY at (706) 200-7285 (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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Tim marvin hereby resign as V. P.
	(Title)
of	Statewide Private grap, inc (Name of Corporation)
	(Name of Corporation)
	PO 300066808, a corporation organized under the laws of the State of (Document Number, if known)
	fla.
	4
	Jui-
	(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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