

PO2000078786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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*Resignation*  
*of*  
*officer*

08/06/04--01036--017 \*\*35.00

FILED  
04 AUG -6 AM 9:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*AOR*  
*8/11/04*

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ST. Sebastian Development Co-P.  
(Name of Corporation)

DOCUMENT NUMBER: P020000 78786

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

Please return all correspondence concerning this matter to the following:

Samuel C. Aurilio  
(Name of Person)

Aurilio & Associates, P.A.  
(Name of Firm/Company)

840 U.S. HWY one, Ste. 320  
(Address)

North Palm Beach, Florida 33408  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sam Aurilio at ( 561 ) 627-5300  
(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**

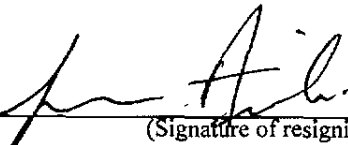
I, Samuel G. Aurilio, hereby resign as P/S/T/D  
(Title)

of ST. Sebastian Development Corp.  
(Name of Corporation)

P02000078786, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

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SECRETARY OF STATE  
TALLAHASSEE, 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