P0200096208

(Requestor's Name)				
(Address)	_			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)	_			
(Document Number)				
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Special Instructions to Filing Officer:	Ì			
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Alsignation

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SECRETARY OF STATL
TALLAHASSEE, FLORID,

8/14/07

COVER LETTER

SHERIDAN ENTERPRISES GROUP INC (Name of Corporation) P02000096208 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JAMES SHERIDAN (Name of Person) SHERIDAN ENTERPRISES GROUP INC (Name of Firm/Company) 6996 PIAZZA GRANDE AVE #202 (Address) ORLANDO FL 32835 (City/State and Zip Code) For further information concerning this matter, please call: JENNIFER BAKER (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Mailing Address:
Amendment Section Street Address: Amendment Section Division of Corporations
Clifton Building
2661 Executive Center Circle Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

TILED

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SECRETARY OF STATE
SECR

I, LINDA SHERIDAN	, hereby resign as_	DIRECTOR	5F 6
,		(Title)
of SHERIDAN ENTERPRISES	GROUP INC		
(Nan	ne of Corporation)		,
P02000096208 (Document Number, if known)	, a corporation organized un	der the laws of the	ne State of
FLORIDA			
d	Dreec.		
	(Signature of resigning officer/direct	tor)	

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
TallahasseS,TATGGATS 13-ORIDA
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this date 8.3.07 by Linda Sherida who is personally known to me or who has produced From as identification and who did take an oath.

