P02000129870

| (Requestor's Name) | | |
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| (City/State/Zip/Phone #) | | |
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| PICK-UP WAIT MAIL | | |
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| (Business Entity Name) | | |
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| Certified Copies Certificates of Status | | |
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| Special Instructions to Filing Officer: | | |
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Office Use Only



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COVER LETTER

| Division of Corporations |
|--|
| SUBJECT: Sur Shine State Soccer (Name of Corporation) |
| DOCUMENT NUMBER: 62000/29870 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following: |
| Andy ALEXANDER (Name of Person) |
| (Name of Firm/Company) |
| 6981 NW 25 J (Address) |
| Sunsise FL 33313 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| ANDY ALEXANDER at (954) 578-0045 (Name of Person) (Area Code & Daytime Telephone Number) |

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO: Amendment Section

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| L ANDY ALEXANDER | , hereby resign as | President (Title) |
|---|---------------------------------------|---------------------------------------|
| of Sunshine of Name o | the Soccer Inc. | · · · · · · · · · · · · · · · · · · · |
| Po2000129870 (Document Number, if known) | , a corporation organized unde | r the laws of the State of |
| Florida | | - 12g |
| | | OF FEB. |
| Andy | Alexander | S PAIN THE |
| Cisi | gnature 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