## P02000135227

(Requestor's Name)	
(Address)	50002
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	!  -  -
(Business Entity Name)	03/82/04
(Document Number)	537 DZ, G
Certified CopiesCertificates of Status	
Special Instructions to Filing Officer:	





500029599505

03/02/04--01010--026 \*\*35.00

O4 MAR - 1 AM 8: 54

## TRANSMITTAL LETTER

Stand Value Ton
SUBJECT: Stored Value, Inc. (Name of Corporation)
DOCUMENT NUMBER: PO200135227
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Gary Robinson (Name of Person)
(Name of Person)
Stored Value, Inc.
(Name of Firm/Company)
980 N. Federal Hwy (#406)
Boca Raton, FL 33432
(City/State and Zip Code)
For further information concerning this matter, please call:
Gary RobinSon at (561) 869-0567 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)

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

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Amendment Section Division of Corporations

TO:

CR2E044(11/02)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, George Roberts, hereby resign as CFO (Title)	<u>.</u> \ *
of Stored Value, Inc. (Name of Corporation)	) <del>-</del>
(Document Number, if known) a corporation organized under the laws of the State of	
Florida Es E	<b>'</b>
SECULA HASSES (Signature of resigning officer/director)	T III D

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