P0300021347

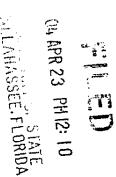
N.		
(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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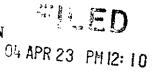
15 4/27/04

TRANSMITTAL LETTER

SUBJECT:	Sunrise Charte	ers, Inc				
SCDGECT.	(Name of Corporation)					
DOCUMEN	T NUMBER:_	P03000021347	<u> </u>	<u> </u>		
The enclosed	Officer/Director	r Resignation for	a Corporation	and fee are submitted for filing		
Please return	all corresponder	nce concerning thi	is matter to th	e following:		
James G.	Chapman, Jr.	アペギブ of Person)				
Sunrise Cl	narters, Inc.					
	(Name of F	irm/Company)				
609 Camil						
	(Ad	dress)				
Panama C	ity Beach, Floa	rida 32407				
	(City/State	and Zip Code)				
For further in	nformation conce	erning this matter,	please call:			
James Cha	•	а	t (850) 234-2207 e & Daytime Telephone Number)		
	(Name of Person	on)	(Area Code	& Daytime Telephone Number)		
Enclosed is a	a check for \$35.0	0 made payable to	o the Florida	Department of State.		
Mailing Add Amendment Division of C P.O. Box 633 Tallahassee,	Section Corporations 27	Division (409 E. Ga	Idress: ent Section of Corporation aines Street ee, FL 32399			

TO: Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



ALLAHASSEE FLORIDA

I,	cott Lillard	, hereby resign as	DIR (Title)
			(Title)
of	SUMRISE CHART	EPLS, / N C Corporation)	
<u>Po</u> 3	Document Number, if known)	a corporation organized under	the laws of the State of
	At Marin	nature of resistaing officer/director)	
<u>Po</u> 3	5000021347 (Document Number, if known)	• ,	the laws of the State of

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