

P0300050279

(Requestor's Name)					
(Address)	_				
(Address)					
(City/State/Zip/Phone #)	_				
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status	_				
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Special Instructions to Filing Officer:	I				
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:_	Shannon E Stephens	Services, inc	C		
(Name of Corporation)					
DOCUMENT	NUMBER: P030	00050279			
The enclosed	Officer/Director Resign	nation for a Co	rporation a	and fee are submitted for filing.	
Please return a	all correspondence con	cerning this ma	atter to the	following:	
Shannon E	Stephens				
	(Name of Perso	on)			
Shannon E	Stephens Services,	inc			
	(Name of Firm/Con	npany)			
12435 Citru	s Way				
	(Address)				
Brooksville,	Fl. 34601				
	(City/State and Zip	Code)			
For further inf	ormation concerning the	his matter, plea	ise call:		
Shannon E	Stephens	at (352	799-2414 & Daytime Telephone Number)	
	(Name of Person)		Area Code	& Daytime Telephone Number)	
Enclosed is a	check for \$35.00 made	payable to the	Florida De	epartment of State.	
Street Addres Amendment S Division of Co Clifton Buildin 2661 Executiv Tallahassee, F	ection orporations ng e Center Circle	Mailing Addi Amendment S Division of Co Post Office B Tallahassee, F	ection orporations ox 6327	3	

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Torrie A Cook	, hereby resign as Secretary
*)	(Title)
of Shannon E.Stephens Sevices inc	
·	rpotation)
P03000050279 , a (Document Number, if known)	corporation organized under the laws of the State of
Florida	
	TAU6
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	A P D
Jorre a	ure 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