

P03000066293

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SHOE CITY
(Name of Corporation)

DOCUMENT NUMBER: P03000066293

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KAREN SPENCER
(Name of Person)

SHOE CITY
(Name of Firm/Company)

4430 EASTPORT PARKWAY
(Address)

PORT ORANGE, FL 32127
(City/State and Zip Code)

For further information concerning this matter, please call:

KAREN SPENCER at (386) 760-7004
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
03 DEC 15 PM 3:5
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, KAREN SPENCER, hereby resign as SECRETARY/DIRECTOR
(Title)

of SHOE CITY, INC
(Name of Corporation)

_____, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Karen Spencer
(Signature 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