

P03000095591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

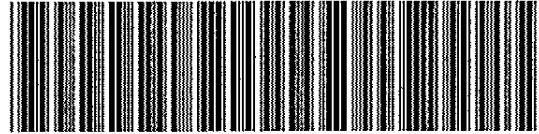
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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✓ O/D Resign.
07/22/05
DC

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Rohlf Tabin Enterprises, Inc / SAR Counselor
(Name of Corporation)

DOCUMENT NUMBER: P03000095591

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

Please return all correspondence concerning this matter to the following:

Scott Rohlf
(Name of Person)

7928 Canyon Lake Circle
(Name of Firm/Company)

Orlando, FL 32835
(Address)

Rohlf Tabin Enterprises
(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Rohlf at (407) 522-1645
(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

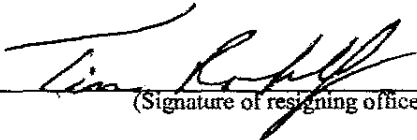
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Tim Rohlf, hereby resign as Director
(Title)

of Rohlf Tabin Enterprises, Inc. N/K/A Sar Counseling
(Name of Corporation) Inc.

P03000095591, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(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

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DIVISION OF CORPORATIONS