P03000107453

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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9ECRETARY OF STATE
FALL AHASSEF. FLORID!

COVER LETTER

SUBJECT: SARASOTA IMPONT EXPONT, INC.
(Name of Corporation)
DOCUMENT NUMBER: P03000107453
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Michael P. Rogan					
(Name of Person).					
SARASOTA Import Export, INC. (Name of Firm/Company)					
(Name of Firm/Company)					
1100 Commercial Blud., Unit 116					
(Address)					
NAPLES, FL. 34104					
(City/State and Zip Code)					

For further information concerning this matter, please call:

Michael P. Rogan at (239) 919 - 5780 x77 (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, DAUID	B LEWIS	hereby resign	as Pnesiz	(Title)	
of SARAS		ent Expent, (Corporation)	INC.		,
`_	ımber, if known)	, a corporation organized	under the laws o		
FloriDA	1			08 APR 18	71
	a foor	iel feire	4/15/0	PH 3: 02 Y OF STATE EE, FLORID	
		gnature of resigning officer/di			

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