P0300107659

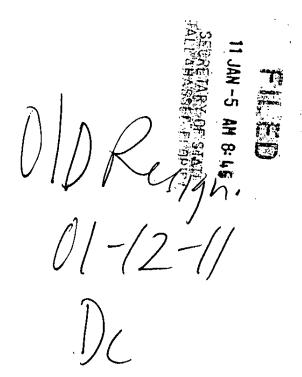
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office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



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COVER LETTER

TO: Amendment Section **Division of Corporations** SASCHA BOUTE TUC:
(Name of Corporation) DOCUMENT NUMBER: 703000107659 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: TATRICIA BOUTE
(Name of Person) SASCHA BOUTE IUC.
(Name of Firm/Company) 907 N. Collier Blud
(Address) Marco Island FL 34145
(City/State and Zin Code) For further information concerning this matter, please call: SASCHA BOUTE at (239) 394 3550
(Name of Person) (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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, Pohicia BOUTE, hereby resign as <u>Vice presiden</u> (Title) | <u>,</u> + |
|--|------------|
| of SASCHA BOUTE, INC. (Name of Corporation), | |
| P03000107659, a corporation organized under the laws of the State of (Document Number, if known) | |
| =Lorida | |
| | |
| (Signature of resigning officer/director) | |
| JAN -5 AM | *** |
| 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