

PD3000/15650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2007 JAN -5 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A Simply Delicious BAKERY
(Name of Corporation)

DOCUMENT NUMBER: _____ ?

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

Please return all correspondence concerning this matter to the following:

WILLIAM POWELL
(Name of Person)

A Simply Delicious BAKERY
(Name of Firm/Company)

15920 SW 137 AVE.
(Address)

MIAMI, FL 33177
(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM POWELL at (786) 301-8383
(Name of Person) (Area Code & Daytime Telephone Number)

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

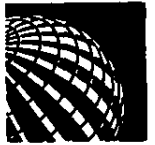
Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

* PLEASE MAIL CONFIRMATION
TO FOLLOWING ADDRESS.

WILLIAM POWELL
P.O. Box 561954
MIAMI, FL 33256

Continental



FLORIDA DEPT. OF STATE,

MY ATTORNEY DOWNLOADED AND PRINTED THESE FORMS FROM SWRBIZ.COM, HOWEVER I WASN'T SURE WHICH FORM TO FILL OUT. I'M REQUESTING MY NAME TO BE REMOVED FROM THE CORPORATION "A Simply DELICIOUS BAKERY", I IMAGINE IT IS THE RESIGNATION FORM.

- ANY QUESTIONS

786-301-8383

- ADDITIONAL FORMS

WILLIAM POWELL

P.O. BOX 561954

MIAMI, FL 33256

THANK YOU,

Will Powell

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, William Powell, hereby resign as PRESIDENT
(Title)

of A Simply Delicious Bakery Inc.
(Name of Corporation)

? P03000115650, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA

William Powell
(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