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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	ne)
(Do	ocument Number)	
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officer Resignation

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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Socklocker, Inc.		
- 0 P030		the man of the same of the sam
DOCUMENT NUMBER: P030		ا محمد والمحمد المحكوم والأدام والمحمد المحمد الم
The enclosed Officer/Director Resig	gnation for a Corporation and fee are submitted for filing.	and the state of the same of the same
Please return all correspondence cor	ncerning this matter to the following:	
Michael Holton		
(Name of Pers	on)	<u> </u>
Socklocker, Inc.		
(Name of Firm/Co	mpany)	
6302 Benjamin Rd. Suite #405		
(Address)		ر المنظم الم المنظم المنظم المنظ
Towns El 22624		in the second
Tampa, FL 33634 (City/State and Zir	Code	
For further information concerning		en e
Mike Holton	-+, 813 \ 881-1220	
(Name of Person)	at (813) 881-1220 (Area Code & Daytime Telephone Number)	* • • • • • • • • • • • • • • • • • • •
Enclosed is a check for \$35.00 made	e 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

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314