

P03000152609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

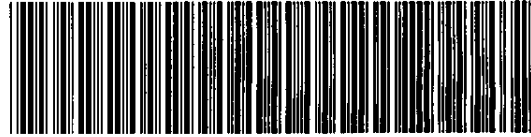
(Business Entity Name)

(Document Number)

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O/D Resign.
6-22-11
DK

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SYL ENTERPRISES INC.
(Name of Corporation)

DOCUMENT NUMBER: P03000152609

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

Please return all correspondence concerning this matter to the following:

JANETTE MINKOVES

(Name of Person)

SYL ENTERPRISES INC.

(Name of Firm/Company)

3926 194TH LN

(Address)

GOLDEN BEACH, FL 33160

(City/State and Zip Code)

For further information concerning this matter, please call:

JANETTE MINKOVES

(Name of Person)

at (305) 733-6831

(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

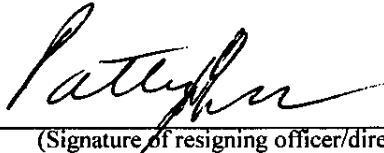
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, PATTRYCIA HODARA, hereby resign as VP
(Title)

of SYL ENTERPRISES, INC.
(Name of Corporation)

P03000152609, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
11 JUN 20 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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