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SELKLIARY OF STATE TALLAHASSEE, FLORIDA

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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: OFFICER/DIRECTOR RESIGNATION		
(Name of Corporation)		
DOCUMENT NUMBER: P04000003369		
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
EDEMUEL MORA		
(Name of Person)		
SPECIAL ART & CATERING SERVICE INC		
(Name of Firm/Company)		
6717 MAGNOLIA POINT CIRCLE		
(Address)		
ORLANDO FL 32810		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
EDEMUEL MORA at (321 948-8310NATALIE (Area Code & Daytime Telephone Number)		
(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 // ED FOR A CORPORATION 06 AUG 18 PM 5: 08 TALLAHASSEE, FLORIDA

	$- Q_{I} \gamma_{I} \gamma_{I}$
I, NATALIE Y CRAWFORD	, hereby resign as VICE PRESIDENT
3	(Title)
of SPECIAL ART & CATERING SEI	RVICE INC
(Name of C	orporation)
P0400003369 (Document Number, if known)	corporation organized under the laws of the State of
FLORIDA	· · · · · · · · · · · · · · · · · · ·
Signa Signa	alie Caul ord ture 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