## 104000020037

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

Office Use Only



500108126965

08/16/07--01004--015 \*\*35.00

Op/lin Resys

O7 AUG 16 AM 10: 41

T. Roberts AUG 2 1 2007

T. Roberts Allo

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	ECT: STRAIT-LINE INC
	(Name of Corporation)
DOCU	JMENT NUMBER: P04000020037
The en	closed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
SHA	NNON MCKEAN
	(Name of Person)
STR	AIT-LINE INC
	(Name of Firm/Company)
2892	SEMINOLE VILLAGE DR
	(Address)
MIDE	DLEBURG FL 32068
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
SHAN	NON MCKEAN at ( 904 ) 291-2728
	(Name of Person) at ( 904 ) 291-2728 (Area Code & Daytime Telephone Number)
Enclos	sed is a check for \$35.00 made payable to the Florida Department of State.
Amend Division Cliftor 2661 E	Address: Idment Section Ion of Corporations In Building Executive Center Circle assee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

	R / DIRECTOR RESI OR A CORPORATION		N <i>0&gt;</i> .	FILED
I, _CHARRON PENROD	, hereby resi	gn as_TREAS	O7 AUG / PALLAHASSE SURER (Title)	6 AM 10: 41 E. FLORIDA
of_STRAIT-LINE INC .	me of Corporation)	· · · · · · · · · · · · · · · · · · ·		
P0400020037 (Document Number, if known)	, a corporation organiz	ed under the l	aws of the State of	
FLORIDA		<del></del> ,	<u></u>	
		9		

## 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