P04000035177

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

officer Resignation

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TRANSMITTAL LETTER

| TO: | Amendment Section Division of Corporations |
|-----------------------------|--|
| SUBJ | ECT: ROSE GARDEN SPORTS BAR & RESTAURANT, INC. |
| | (Name of Corporation) |
| DOC | UMENT NUMBER: P04000035177 |
| The er | nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Please | return all correspondence concerning this matter to the following: |
| SHA | MNARINE NARINE |
| | (Name of Person) |
| ROS | SE GARDEN SPORTS BAR & RESTAURANT, INC. |
| | (Name of Firm/Company) |
| 4459 | N. PINE HILLS ROAD |
| | (Address) |
| ORL | ANDO, FL 32808 |
| | (City/State and Zip Code) |
| For fu | rther information concerning this matter, please call: |
| NARI | NE SHAMNARINE at (407) 298-2022 (Name of Person) (Area Code & Daytime Telephone Number) |
| | (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclos | sed is a check for \$35.00 made payable to the Florida Department of State. |
| Amend Division P.O. B | Address: Idment Section In on of Corporations In ox 6327 In assee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

H.N. SUGRIM

, hereby resign as Vice President and Director (Title)

of ROSE GARDEN SPORTS BAR & RESTAURANT, INC.

(Name of Corporation)

P04000035177

(Document Number, if known)

Florida

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FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

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