P04000035384

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	→ #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	ne)
(Do	cument Number)	
Certified Coples	Certificates	of Status
Special Instructions to I	Filing Officer:	
	<u>. </u>	

Office Use Only



05/10/04--01064--019 **35.00

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Ps of 14/04

TRANSMITTAL LETTER

SUBJECT: Set Point Sales Inc (Name of Corporation)
DOCUMENT NUMBER: Poyooo 35 84
DOCUMENT NUMBER: \ O 40000 35 84
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
JASON BOUC (Name of Person)
Olomo of Firms (Company)
(Name of Firm/Company)
2770 Maryday Ct. (Address)
Orlando, FL 328/2 (City/State and Zip Code)
For further information concerning this matter, please call:
Jason Bove at (407) 228-9525 (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

409 E. Gaines Street

Tallahassee, FL 32399

Amendment Section Division of Corporations

TO:

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR'A CORPORATION

FILED

04 MAY 10 AH 10: 21

TALLAHASSEE. FLORIDA

I, Jason Bove	_, hereby resign as_	TREASURE (Title)	RNI
of Set Point Sales, (Name of Corporati	」 カと, ion)	,	· *
12-1100		fer the laws of the State	of
Florida.			
/ }			

(Signature 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