

PO4000054840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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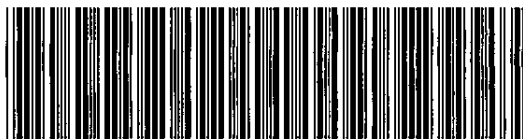
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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J Shivers JAN 08 2009

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SND DIVERSIFIED Holdings Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000054840

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

Please return all correspondence concerning this matter to the following:

SHELDON F. JOHN  
(Name of Person)

SND. DIVERSIFIED Holdings.  
(Name of Firm/Company)

401 E. LAS OLAS Blvd STE 1400  
(Address)

FT. LAUDERDALE, FL. 33301  
(City/State and Zip Code)

For further information concerning this matter, please call:

SHELDON F. JOHN at ( 954 ) 330-4945  
(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

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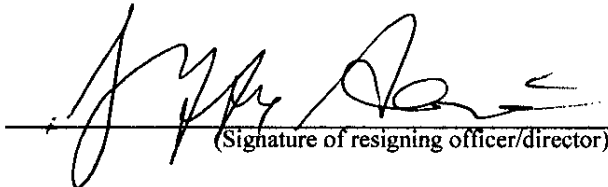
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, JEFFREY SANCHEZ, hereby resign as P  
(Title)

of SND DIVERSIFIED Holdings Inc.,  
(Name of Corporation)

P04000054840, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA.

  
(Signature of resigning officer/director)

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SECRETARY OF  
TALLAHASSEE, FLORIDA

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**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