## P0400061467

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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2014 JUN -3 A 12: 57 SECRETARY OF STATE

JUN 1.2 2015

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SURPLUS REPOTING. (Name of Corporation)
DOCUMENT NUMBER: PO400061407
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
HAIN SAMA (Name of Person)
SURPLUS (1475) WC (Name of Firm/Company)
2440 N= 200 V- (Address)
MANI FL 33180 (City/State and Zip Code)
For further information concerning this matter, please call:
HAIN SIAM at (786) 33-1513 (Area Code & Daytime Telephone Number)

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Hain Sland, hereby resign as V. P (Title)	,
of SURPLUS NEPOT WC- (Name of Corporation)	·
Po400061407 a corporation organized under the laws of the State of (Document Number, if known)	
FLORIDA.	
(Signature of resigning officer/director)  AFE SHAPE SUMMER STATES SHAPE	
SSEE, FLORIDE  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