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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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TALLAHASSEE, FI ORIGA



## TRANSMITTAL LETTER

FO: Amendment Section Division of Corporations
SUBJECT: Southern Professional Photographers, Inc. (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lynn Mc Carthy (Name of Person)
Southern Professions   Photographers (Name of Firm/Company)
22 Village Circle Dr. Shop#3
Anclia Island FL 32034 (City/State and Zip Code)
For further information concerning this matter, please call:
Lyn McCerthy at (904) 277-5153  (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Gerald B. Fowerite dr. here	by resign as recistred ocent (VP)
of Southern Professional (Name of Corporation)	Photographe 3, Inc.
(Document Number, if known) a corporation  Florida.	organized under the laws of the State of

Equipment 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

OS APR -6 PH 2: 3: SECRETARY OF STATE