

PO4 000080779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

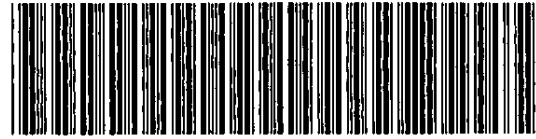
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SPIN CITY GROUP CORP.
(Name of Corporation)

DOCUMENT NUMBER: P04000080779

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

CHAD DOHER

(Name of Person)

(Name of Firm/Company)

10890 SW 47TH AVE

(Address)

OCALA, FL 34476

(City/State and Zip Code)

For further information concerning this matter, please call:

CHAD DOHER at (**352**) **239-3310**

(Name of Person) (Area Code & Daytime Telephone Number)

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

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

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**


I, CHAD DOHER, hereby resign as ST
(Title)

of SPIN CITY GROUP CORP.
(Name of Corporation)

P04000080779, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

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FLORIDA DEPARTMENT OF STATE


(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