

PO4000111772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600045844906

02/03/05--01030--002 **35.00

FILED

05 FEB -3 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/8/05
GO

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SKINDRED TOURING, INC.

(Name of Corporation)

DOCUMENT NUMBER: P04000111772

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

Please return all correspondence concerning this matter to the following:

AARON BIELER

(Name of Person)

BIELER GROUP, INC.

(Name of Firm/Company)

4100 N. POWERLINE RD., STE U-5

(Address)

POMPANO, FL 33073

(City/State and Zip Code)

For further information concerning this matter, please call:

SHARON GILDAY, CPA

(Name of Person)

at (818) 999-1162

(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
409 E. Gaines Street
Tallahassee, FL 32399

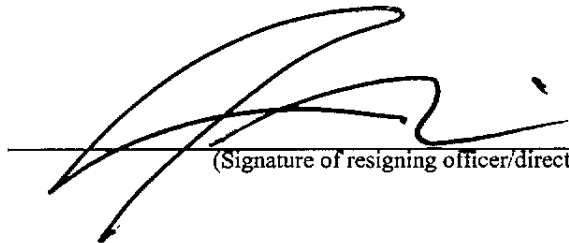
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, AARON BIELER, hereby resign as PRESIDENT
(Title)

of SKINDRED TOURING, INC.
(Name of Corporation)

P0400011772, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
05 FEB -3 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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