POHOD115845

(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:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Hadress)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Document Number) Certified Copies Certificates of Status	PICK-UP WAIT MAIL
(Document Number) Certified Copies Certificates of Status	
Certified Copies Certificates of Status	(Business Entity Name)
	(Document Number)
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
Special Instructions to Filing Officer:	
	Special Instructions to Filing Officer:

Office Use Only



000113237550

12/19/07--01039--011 ***70.00

PIVISION OF CORPORATIONS

7097 NFC 19 AM IN: 24

1/2 1/24/07 0/D Nes

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: SPITLER HOLDINGS, INC.
(Name of Corporation)
DOCUMENT NUMBER: P04000115845
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
GERALD G. SPITLER
(Name of Person)
SPITLER HOLDINGS, INÇ.
(Name of Firm/Company)
622 W. 15TH STREET
(Address)
PANAMA CITY, FL 32401
(City/State and Zip Code)
For further information concerning this matter, please call:
CHRISTINE PORTER at (850) 785-4372
CHRISTINE PORTER at (850) 785-4372 (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



OFFICER / DIRECTOR RESIGNATION AM 10: 24 FOR A CORPORATION

, hereby resign asSEC/TREAS
(Title)
ition)
oration organized under the laws of the State of
oranion organized under the larve or the state or

V

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