104000139044

(Re	equestor's Name)	·
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	ies Certificates of Status	
Special Instructions to Filing Officer:		

Office Use Only



000078916820

08/23/06--01035--018 **35.00

FILED

-06 AUG 23 PM 1:32

SEURETARY OF STATE
ALLAHASSEF FINALE

0/D Resign.
8/25/04

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SERENDIPITY MANACEMENT, INC., (Name of Corporation) DOCUMENT NUMBER: PO4000 1 390 44
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
THOMAS JERACITAND (Name of Person)
(Name of Firm/Company)
105 WESTMORELAND CIRCLE (Address)
FISSIMMEE, FL 34744 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (321) 624-5477 (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

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, THOMAS PRACETIND, hereby resign as V.P.	(Title)		
of SACENDEPLTY MENAGENENT, INC (Name of Corporation) PO 4000139044 (Document Number, if known) PLOREDA	of the Sta	ate of	,
(Signature of resigning officer/director)	SECRETARY OF STAT	06 AUG 23 PM 1: 3	m

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