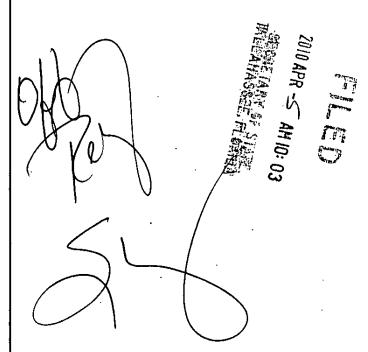
· (Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	nly /



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COVER LETTER

	ndment Section ion of Corporations	
SUBJECT:_	S L & P PRODUCT	TIONS, INC.
		(Name of Corporation)
DOCUMEN	T NUMBER: P05	5000022925
The enclosed	Officer/Director Res	ignation for a Corporation and fee are submitted for filing.
Please return	all correspondence co	oncerning this matter to the following:
ROBERST	ON, CHRISTINA	
	(Name of Per	rson)
SL&PPF	RODUCTIONS, INC	•
	(Name of Firm/C	ompany)
3861 NW 3		•
	(Address)	
DEERFIEL	D FL 33442	
	(City/State and Z	ip Code)
For further in	formation concerning	g this matter, please call:
ROBERSTO	ON, CHRISTINA	at (954) 551-9393 (Area Code & Daytime Telephone Number)
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a	check for \$35.00 mag	de payable to the Florida Department of State.
Street Addre Amendment Division of C Clifton Build 2661 Executi Tallahassee.	Section Corporations ing ve Center Circle	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

CHRISTINA ROBERSTO	, hereby resign as DIRECTOR
	(Title)
of SL&PPRODUCTIONS	INC.
	Name of Corporation)
P05000022925	, a corporation organized under the laws of the State of
(Document Number, if known)	·
	·
	2010 APR
_Cl	risting Robertone & V
	(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