

P05D000L0D000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

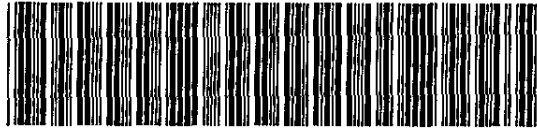
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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Na 5.9.06

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ST. PETE IRISH BAR, INC
(Name of Corporation)

DOCUMENT NUMBER: POS000060666

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

Please return all correspondence concerning this matter to the following:

JAMES E. JORDAN
(Name of Person)

ST. PETE IRISH PUB. INC
(Name of Firm/Company)

~~280~~ 4747 3RD STREET NORTH
(Address)

ST. PETERSBURG FL. 33703
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES JORDAN at (727) 410-8677
(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

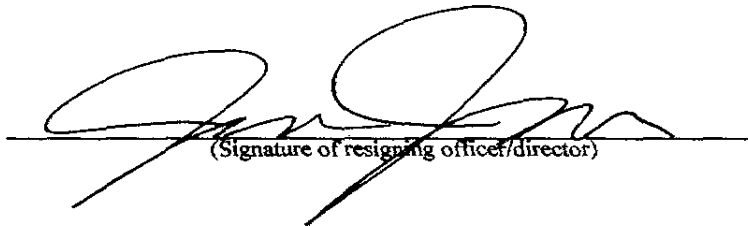
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, JAMES E. JORDAN, hereby resign as OFFICER / DIRECTOR
(Title)

of ST. PETE IRISH PUB, INC.
(Name of Corporation)

POS000060666, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.


(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

FILED
06 MAY -3 AM 00
TALLAHASSEE, FLORIDA