## P05000064046

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
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. PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
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05/27/05--01010--020 \*\*35.00

10/10 Resign 06/01/05

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Spirit Lead Records, INC (Name of Corporation)
DOCUMENT NUMBER: P0500064046
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SABRINA WILLIAMS (Name of Person)
(Name of Firm/Company)
5311 Anders Ct (Address)
Noveth Poset II 34288  (City/State and Zip Code)
For further information concerning this matter, please call:
SPABRINAWILLIAMS at (941) 423-7555 (Name of Person) at (941) 423-7555 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, SABRINA UTILITAMS, hereby resign as VICE thes. d. (Title)	ent_	
of Spiret Lead Records, inc (Name of Corporation)		
Posoco 64 of 6 , a corporation organized under the laws of the State of (Document Number, if known)	of	
Florida.		
(Signature of resigning officer/director)	018101	1
FILING FEE IS \$35.00	OS MAY 27 AM IO: 55	

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314