

P050000077839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

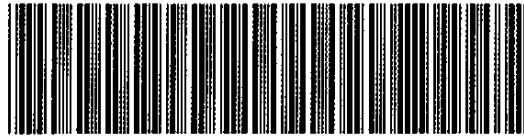
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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*Resignation
to
officer*

10/13/06--01000--018 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 OCT 13 PM 4:15

AR
10/16/06

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Smiles Country Store, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P05000077839

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

Please return all correspondence concerning this matter to the following:

Kathleen Wall

(Name of Person)

Smiles Country Store, Inc.

(Name of Firm/Company)

4109 Land O'Lakes Boulevard

(Address)

Land O'Lakes, FL 34639

(City/State and Zip Code)

For further information concerning this matter, please call:

Kathleen Wall

(Name of Person)

at (813) 929-9170

(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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS


2006 OCT 13 PM 4:15

I, Laureen Sustachek, hereby resign as Secretary
(Title)

of Smiles Country Store, Inc.
(Name of Corporation)

P05000077839, 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