

P05000082588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

off. Resign.

TB

NOV 10 2009

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SUNLIGHT RECOVERY, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P05000082588

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

Please return all correspondence concerning this matter to the following:

JOAN MARTINO WALLIS

(Name of Person)

WALLIS & WALLIS, P.A.

(Name of Firm/Company)

1600 S. FEDERAL HIGHWAY, SUITE 600

(Address)

POMPANO BEACH, FL 33062

(City/State and Zip Code)

For further information concerning this matter, please call:

JOAN MARTINO WALLIS

(Name of Person)

at ( 954 ) 941-9005

(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

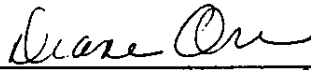
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, DIANE ORR, hereby resign as OFFICER/DIRECTOR/VS  
(Title)

of SUNLIGHT RECOVERY, INC.  
(Name of Corporation)

P05000082588, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**FILED**  
2009 NOV -9 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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