

P.D. 5000086686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

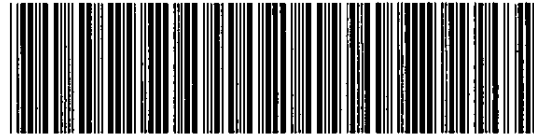
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SKYNAP, INC
(Name of Corporation)

DOCUMENT NUMBER: P05000086686

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

Please return all correspondence concerning this matter to the following:

HUGO OLORTEGUI
(Name of Person)

SKYNAP, INC.
(Name of Firm/Company)

10651 SW 14TH CT
(Address)

FORT LAUDERDALE, FL. 33324
(City/State and Zip Code)

For further information concerning this matter, please call:

HUGO OLORTEGUI at (954) 476-0045
(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

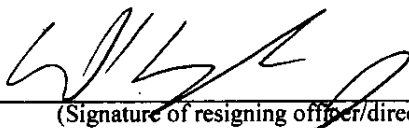
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, DON HYDE, hereby resign as DIRECTOR
(Title)

of SIKYNAP, INC.
(Name of Corporation)

PO50000086686, 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

FILED
JUL 31 PM 1:50
DEPT. OF STATE
TALLAHASSEE, FLORIDA

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

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