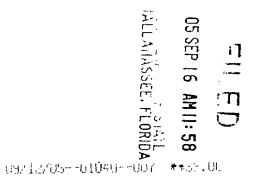
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(Rec	uestor's Name)	
(Add	ress)	···
(Add	ress)	
(City	/State/Zip/Phone	<i>⇒ #</i>)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
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Office Use Only



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Groff.

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SPINGRAPHIX, NET INC (Name of Corporation)
DOCUMENT NUMBER: P0500096565
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
ADAM FROMAN (Name of Person)
SPINGTAPHIX NET INC. (Name of Firm/Company)
1503 SPRWG PRIVE (Address)
MEL BOURNE FL 32935 (City/State and Zip Code)
For further information concerning this matter, please call:
DAVID TISCHLER at (954) 319-3503 (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 409 E. Gaines Street Tallahassee, FL 32399

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

• OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, DAVID TISCHLER	, hereby resign as_	C.O.O. (Title)	
•	ne of Corporation)		_,
Document Number, if known)	, a corporation organized un	nder the laws of the State of	
FLOPIDA		AHASSEE.	
	1	LORIDA	M 11: 58
Ω	0		

(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