P0500098586

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
	·	•
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
!		

Office Use Only



300058422883

But the Promitted Contract Section

OS AUG IS AN IO: 55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

* Francisco



TRANSMITTAL LETTER

SUBJECT:	SAMURAI RED CORP.
	(Name of Corporation)
DOCUMENT NUMBER:	P05000098586
The enclosed Officer/Director R	esignation for a Corporation and fee are submitted for filing
Please return all correspondence	concerning this matter to the following:
I. Sun We	
(Name of I	Person)
I. SUN WE, P.A.	
(Name of Firm	/Company)
529 N. Magnolia Avenue	
(Addre	ss)
Orlando, FL 32801	
(City/State and	Zip Code)
For further information concerni	ng this matter, please call:
I. Sun We	at (407) 228-2223 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 n	nade payable to the Florida Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street
Tallahassee, FL 32314	Tallahassee, FL 32399

Amendment Section Division of Corporations

TO: