P0500099401

(Re	equestor's Name)	
(Ad	ldress)	
		,
(Ad	ldress)	
(0)	(O) 1 (F) (D)	10
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
1		

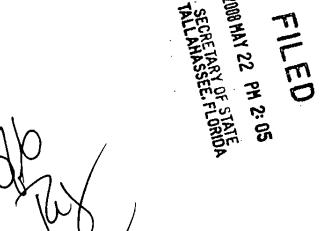
Office Use Only

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COVER LETTER

	sion of Corporations		
SUBJECT:	ROSS FISCHER		
·		(Name of Corpor	ation)
DOCUMEN	NT NUMBER: P0500	00099401	<u></u>
The enclosed	d Officer/Director Resign	ation for a Corporation	and fee are submitted for filing.
Please return	n all correspondence conc	cerning this matter to th	ne following:
PAUL FRA	ANSON		
	(Name of Person	n)	
LEDGERF	PLUS		
	(Name of Firm/Com	ipany)	
150 SOUT	TH UNIVERISITY DRIV	/E, SUITE C	
	(Address)	·	
PLANTAT	TION, FLORIDA 33324		
	(City/State and Zip	Code)	•
For further i	nformation concerning th	is matter, please call:	
PAUL FRA		at (954	472-9144 e & Daytime Telephone Number)
	(Name of Person)	(Area Code	& Daytime Telephone Number)
Enclosed is	a check for \$35.00 made	payable to the Florida	Department of State.
Street Addr Amendment Division of C Clifton Build 2661 Execut Tallahassee,	Section Corporations ding tive Center Circle	Mailing Address: Amendment Section Division of Corporatio Post Office Box 6327 Tallahassee, FL 32314	

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,ROSS FISCHER	, hereby resign as VSD	
	(Title)	
of_SUPERIOR TOUR AND I		
(Name of Corporation)	
P05000099401	, a corporation organized under the laws of the State of	
(Document Number, if known)	, I &	
	R Late	
	(Signature of resigning officer/director)	
	(Signature of resigning officer/director)	
	77 2 7	

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

FILING FEE IS \$35.00

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