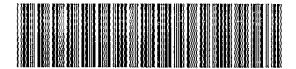
(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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M. Dickey JAN 0 5 2006

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SPARK LING CARDS, INC. (Name of Corporation)
DOCUMENT NUMBER: PØ 5000112931
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
KOSHELLE SONES
(Name of Person)
SPARKUNG CARDS, INC. (Name of Firm/Company)
(Name of Firm/Company) 2804 CONGRESSIONAL WAY (Address)
DEERFIELD BEACH, 7-L 33442 (City/State and Zip Code)
For further information concerning this matter, please call: ROSHELLE JONES at (954) 970. 4933 (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

GINA M			, hereby resign a	as(Title)
SPARK	LING CA	eds,		
Oocument Numbe	2931	-	•	under the laws of the State of

(Signature of resigning officer/director

05 DEC 23 AM 10: 36

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