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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	lusiness Entity Name)	
(C	Occument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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OG OCT -6 AN NO: 57
SECRETARY OF STATE
ALLAHASSEE FI OBITE



COVER LETTER

SUBJECT: Tailfin Productions Inc.
(Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Joe Pfeil
(Name of Person)
Tailfin Productions Inc.
(Name of Firm/Company)
1047 North Kentucky Ave
Winter Park FL 32789 (City/State and Zip Code)
For further information concerning this matter, please call:
Joe Pfeil at (386) 848-0819 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) at (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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

· 18 48 . •

I,	, hereby resign as	Officer	o (Title	Treasurer
of Tailfin Productions, T	(Name of Corporation)			,
(Document Number, if known	a corporation organized uno	der the lav	ws of the S	State of
Florida	•			
	(Signature of resigning officer/direct	ed or)		OG OCT -6 MI SECRETARY OF SI
	FILING FEE IS \$35.00		<u> </u>	(A)

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

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