(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
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COVER LETTER

Amendment Section Division of Corporations

TO:

•
SUBJECT: SHOWN ON EDGEWOOD INC (Name of Corporation) DOCUMENT NUMBER: PO 5000142744
(Name of Corporation)
DOCUMENT NUMBER: PD 5000 14 24 94
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Total Penez (Name of Person)
SHOGON TAPAULSE STOOK HOUSE (Name of Firm/Company)
2306 E EDCewood DP2 (Address)
LAKELAND, FC 33803 (City/State and Zip Code)
For further information concerning this matter, please call:
Total Perez at (863) 409 5627 (Name of Person) at (863) 409 5627 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

الله الم	AHAİ	CAD	rues-	,	hereby resign	ı as	Vice	Mes. (Title)	i Den	1
of	SHOW	o ho	Nome of	Corporation						_,
		4274 umber, if kn	14	·	tion organized	d under 1	he laws o	f the Stat	te of	
于	orin	A	,·	·						
			~	•	signing officer/d	lirector)		TAL	2009	5
							· *T,	CRETARY LAHASSEI	2009 OCT 26	
			FIL	LING FE	E IS \$35.00			OF STATE	PM 9: 31	Ö

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

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