## P05000157911

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
· (Do	ocument Number)	
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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: FAIL-SAFE POWER	CORPORATION
SUBJECT:	(Name of Corporation)
DOCUMENT NUMBER: P050	00157911
The enclosed Officer/Director Resig	nation for a Corporation and fee are submitted for filing
Please return all correspondence con	cerning this matter to the following:
DAVID STEWART	
(Name of Person	on)
FAIL-SAFE POWER CORPORA	ATION
(Name of Firm/Con	mpany)
3398 CRYSTAL ST	
(Address)	
GOTHA, FL 34734	
(City/State and Zip	Code)
For further information concerning t	his matter, please call:
DAVID STEWART	at ( 407 ) 490-8322 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made	e 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

I, CINDY STEWART	, hereby resign as SEC/ TREAS	
	(Title)	
of_FAIL-SAFE POWER COR	,	
(N	ame of Corporation)	
P05000157911 (Document Number, if known)	, a corporation organized under the laws of the State of	
FLORIDA	·	
Cinde	Steward (Signature of resigning officer/director)	

## 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