## 06000084297

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(City/State/Zip/Phone #)	<b>-</b>		•
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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SURJECT. Oshanee Enterpris	es. Inc.
SUBJECT: Osnanee Enterpris	(Name of Corporation)
DOCUMENT NUMBER: POE	6000084297
The enclosed Officer/Director Res	ignation for a Corporation and fee are submitted for filing
Please return all correspondence co	oncerning this matter to the following:
Deborah Mazzola	
(Name of Per	rson)
Oshanee Enterprises, Inc.	
(Name of Firm/C	ompany)
3749D Gulf Breeze Pkwy, #30	1
. (Address	
Gulf Breeze, FL 32563	
(City/State and Z	ip Code)
For further information concerning	g this matter, please call:
Debbie Mazzola	at ( 850 ) 525-4170 (Area Code & Daytime Telephone Number)
. (Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	de 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,	, hereby resign as	Treasurer		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Title)		
of Oshanee Enterprises, Inc.				
	Name of Corporation)	*		
P06000084297	, a corporation organized under the laws of the State of			
(Document Number, if known)				
Florida		•		
	·			

FILING FEE IS \$35.00

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

P.O. Box 6327 Tallahassee, Florida 32314