

POL0000087736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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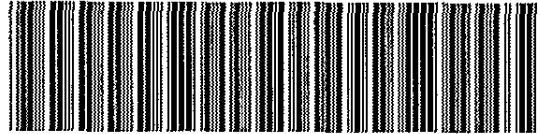
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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PO

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: STODDARD REALTY MANAGEMENT GROUP VI, INC.
(Name of Corporation)

DOCUMENT NUMBER: PDL0000087736

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BATES STODDARD
(Name of Person)

REIMAY NORTHERN PALM BEACHES
(Name of Firm/Company)

2925 PGA BLVD SUITE 101
(Address)

PALM BEACH GARDENS, FL 33410
(City/State and Zip Code)

For further information concerning this matter, please call:

BATES STODDARD at (561) 799-1810
(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**

I, PETER MARTINSEN, hereby resign as OFFICER / DIRECTOR
(Title)

of STODDARD REALTY MANAGEMENT GROUP VI INC.
(Name of Corporation)

PO6000087736, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(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

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