

PO6000112253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

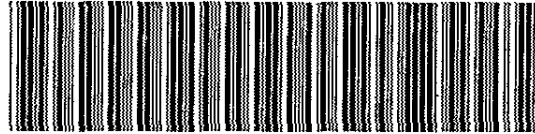
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** S.A. CLIENT MANAGEMENT, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000112253

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

CARL CHRISTIAN THIER

(Name of Person)

URBAN & THIER, P.A.

(Name of Firm/Company)

545 DELANEY AVENUE SUITE 7

(Address)

ORLANDO, FL 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

CARL CHRISTIAN THIER

(Name of Person)

at ( 407 ) 245-8352

(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, CARL CHRISTIAN THIER, hereby resign as PRESIDENT  
(Title)

of S.A. CLIENT MANAGEMENT, INC.  
(Name of Corporation)

P06000112253, 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

**FILED**  
**06 SEP 12 PM 1:47**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**