## 706000118235

(Requ	estor's Name)	
(Address)		
(Address)		
(City/s	State/Zip/Phone	e #)
_		_
PICK-UP	☐ WAIT	MAIL
•		
(Business Entity Name)		
(Docu	ıment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
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AUG 1 3 2013

T. BROWN

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Superior Aluminum Inc. (Name of Corporation)
DOCUMENT NUMBER: P06000118235
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
RONNIE T. Jones (Name of Person)  Superior Aluminum INC.  (Name of Firm/Company)  12810 SW 47 # St. Rd.  (Address)
Oex/a F1. 3YV8/ (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Rownie_ Tones at (352) 817-8058 (Name of Person) at (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
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I, RONNE T. JON	hereby resign as V.P. + Sec. (Title)
of Superior Ala.	minum /NC. ne of Corporation)
P06000118 235 (Document Number, if known)	, a corporation organized under the laws of the State of
HORIOA	

(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