Po 700000442

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE

COVER LETTER

Timeshare Sleep Services, Inc. (Name of Corporation) P07000000442 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Laquez D Combs (Name of Person) Timeshare Sleep Services, Inc. (Name of Firm/Company) 11717 102nd Terrace (Address) Live Oak, FL 32064 (City/State and Zip Code) For further information concerning this matter, please call: Rahul Kakkar 352 376-1611 x 5287 (Area Code & Daytime Telephone Number) 376-1611 x 5287 (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address:
Amendment Section Mailing Address:
Amendment Section Division of Corporations Division of Corporations Post Office Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

· OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, Rahul Kumar Kakkar	hereby resign as Vice President		
**	(Title)		
of Timeshare Sleep Services, In		•	
(Nan	e of Corporation)		
P0700000442 (Document Number, if known)	, a corporation organized under the laws of the State of		
Florida	·		
	Signature of resigning officer/director) Signature of resigning officer/director)		
	7: 4 LOR	<u></u>	

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