

PO7000034584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

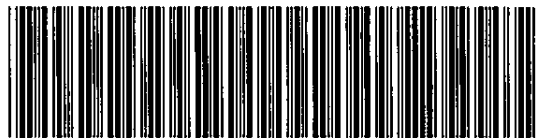
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2007 OCT 11 AM 10:00

Ps 10/16/07  
older

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Christine Sheirburn Inc.  
(Name of Corporation)

DOCUMENT NUMBER: P07000034584

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

Please return all correspondence concerning this matter to the following:

Christine Sheirburn  
(Name of Person)

Christine Sheirburn Inc.  
(Name of Firm/Company)

2581 Settlers Trail  
(Address)

Saint Cloud, FL 34772  
(City/State and Zip Code)

For further information concerning this matter, please call:

Christine Sheirburn at ( 407 ) 908 3959  
(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

2007 OCT 11 AM 10:00

I, Mary Sheirburn, hereby resign as President / Officer  
(Title)

of Christine Sheirburn Inc  
(Name of Corporation)

P07000034584, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

[Signature]  
(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