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SECRETARY OF STATE

Officer Resignation

5-13-08

COVER LETTER

Division of Corporations
SUBJECT: Newcastle Osstributors (Name of Corporation)
DOCUMENT NUMBER: PO7 9000 880 15
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jeffrey Steiner (Name of Person)
New Castle Distributers- (Name of Firm/Company)
2111 N. Connerce Phuy (Address)
Wester Fl. 33306 (City/State and Zip Code)
For further information concerning this matter, please call:
Teffrey Steiner at (751) 423-6290 (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

TO: Amendment Section

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, _	Jeffrey Steines, hereby resign as V. P. (Title)	_
of_	New castle Distributors, Inc. (Name of Corporation)	,
	(Document Number, if known)	
	Florida.	w
	SECRETARY OF STATE (Signature of Vesigning officer/director) TALL AHASSEE: FLORID (Signature of Vesigning officer/director)	FILED

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