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(Re	equestor's Name)	
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Certified Copies	_ Certificates	of Status
Special instructions to	Filing Officer:	1
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Office Use Only



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PALLAHASSEE STATE

off. Resign.

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SADETE INC. (Name of Corporation) DOCUMENT NUMBER: PO80000/2358
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
(Name of Person)
(Name of Firm/Company)
For further information concerning this matter, please call:
Transcription at (305) 923-4445 (Name of Person) at (305) 923-4445 (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

2011 JAN S AN ION 20
ASECORETARY OF STATE
ORIGINAL , hereby resign as_ ____, a corporation organized under the laws of the State of

FILING FEE IS \$35.00

Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314