10900039626

| (Requestor's Name) | | | | | | | |
|---|--|--|--|--|--|--|--|
| (Address) | | | | | | | |
| (Address) | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | |
| PICK-UP. WAIT MAIL | | | | | | | |
| (Business Entity Name) | | | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies Certificates of Status | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Office Use Only



400132442784

07/09/08--01011--010 **35.00

At / Di Perigo

OBJUL-9 AN 7:5

T. Roberts JUL, 1,0,2008

COVER LETTER

TO: Amendment Section Division of Corporations

| _ | _ | | | • | | | |
|---|--------------------------|-------------------|----------------|--------------------------------|--|--|--|
| SUBJECT: THE S | UPERLA | TIV | E C | DUECTIVE | | | |
| | | or Corp | poration הכ |) / 3 / | | | |
| DOCUMENT NUMBER: | Po 800 | 00 | 24 | 626 | | | |
| The enclosed Officer/Director Resig | nation for a C | orporat | ion and | I fee are submitted for filing | | | |
| Please return all correspondence con | cerning this n | natter to | the fo | llowing: | | | |
| Joseph M. (Name of Person | FESTA | | | | | | |
| (Name of Perso | on) | | . | | | | |
| | | | | | | | |
| (Name of Firm/Cor | npany) | | | | | | |
| 543 BREAK | ERS AV | E. | | | | | |
| (Address) | | | _ | | | | |
| 543 BREAK (Address) FOLT LAUDELD (City/State and Zip | ICE FL | 33 | 30 Y | | | | |
| (City/State and Zip | Code) | | _ ′ | | | | |
| For further information concerning t | his matter, ple | ease cal | 1: | | | | |
| Joseph M. Festi (Name of Person) | A at (_ | 95 | <u>y</u> (| 632-6623 | | | |
| (Name of Person) | | (Area C | ode & 1 | Daytime Telephone Number) | | | |
| Enclosed is a check for \$35.00 made | payable to th | e Floric | da Depa | artment of State. | | | |
| | | _ | | | | | |
| Street Address: Amendment Section | Mailing Ade Amendment | dress: Section | 1 | | | | |
| Division of Corporations Division of Corporations | | | | | | | |
| Clifton Building Post Office Box 6327 | | | | | | | |
| 2661 Executive Center Circle Tallahassee, FL 32301 | ı ananassee, | rl 32. | 714 | | | | |

OFFICER / DIRECTOR RESIGNATION 08 JUL -9 AM 7: 57
FOR A CORPORATION

| l , | Josep | 4 M. Fes | TA | , hereby resign as_ | ٧P |
|------------|-------|------------------|-----------------|---------------------|------------------------------|
| | | | | | (Title) |
| of_ | THE | sul au | ATIVE | Collec | TION, Inc. |
| | • | | e of Corporatio | n) | • |
| | | 039626 | , a corpore | ation organized und | ler the laws of the State of |
| | ` _ | umber, if known) | | | |
| | FLOR | IDA | • | | |

. *

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