(Re	equestor's Name)	
(Ad	idress)	, 
(Ad	ldress)	
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status · · · _
Special Instructions to Filing Officer:		

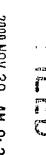
Office Use Only

12-309



500163117015

11/30/09--01066--026 \*\*35.00



## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: SHELDON ROAD B	BP INC
	(Name of Corporation)
DOCUMENT NUMBER: P080	000046617
The enclosed Officer/Director Resig	gnation for a Corporation and fee are submitted for filing
Please return all correspondence co	ncerning this matter to the following:
(Name of Pers	on)
KAYALI & CO., P.A.	
(Name of Firm/Co	mpany)
8064 N 56TH ST	
(Address)	
TAMPA, FL 33617	
(City/State and Zip	Code)
For further information concerning	this matter, please call:
OSAMA S KAYALI CPA	at ( 813 ) 899-9642 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made	e payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, KHALID JAMAL	, hereby resign as PRESIDENT	
of SHELDON ROAD BP INC	(Title)	
(Na	me of Corporation)	
P08000046617 (Document Number, if known)	, a corporation organized under the laws of the State of	
FLORIDA		
M	SECRETARY OF STANDARY OF STAND	

## 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