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(Re	questor's Name)	
· (Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)
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SECRETARY OF STATE TALLAHASSEE, FLORIDA



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SHOWFORCE, INC. (Name of Corporation)
DOCUMENT NUMBER:
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) Show force, Inc. (Name of Firm/Company) //449 Cypress Reserve DR. (Address) Tampa, FL. 33626 (City/State and Zip Code) For further information concerning this matter, please call: Mike Lay fon (Name of Person) at (8/3) 240-0056 (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, MIKE LAYTON, hereby resign as PRO	ESIDENT TRUMSURGE
ofShowforce, Inc. (Name of Corporation)	(Title)
(Document Number, if known) FLORIDA	OP JUN 10 AN 1: SECRETARY OF STANASSEE, FLO
Mula Jaylan (Signature of resigning officer director)	39 ———

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