## P0300080830

. (R€	equestor's Name)	<del></del>
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900137913989

11/14/08--01046--021 \*\*35.00

08 NOV IL AM 9: 14
SECRETARY OF STATE
SALI AHASSEE, FLORIDA

00/1/00/10

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Resignation Of Director STeve Robers, INC. (Name of Corporation)
(Name of Corporation)
DOCUMENT NUMBER: PO8000080830
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
STEPHEN ROGERS (Name of Person)
Steve Rogers inc. (Name of Firm/Company)
2150 HALIBU LAKES CR (Address)
NAPLES, FL 34/19 (City/State and Zip Code)
For further information concerning this matter, please call:
STELLE ROSERS PRESIDENT at (239) 293-4937 (Name of Person) (Area Code & Daytime Telephone Number)
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

CR2E044(08/05)

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. ALexandra Rogers	, hereby resign as	Director	
7	, <u>g</u>	(Title)	
of Steve Rogers,Inc.			
	of Corporation)	2	
PO8000080830	a cornoration organized ur	nder the laws of the State of	
(Document Number, if known)	, +0.po.a 5		
Florida		SECRETAH	П
	<del>-</del> -	TAR ASS	_
			Ш
		F ST FLO	
		97 <del>"</del>	
_ alexas	rdea n Kose	us sm	
(3	Signature of resigning officer/direct	ctor)	

## 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