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| siness Entity Nar | ne) | | | |
| (Document Number) | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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0/D Resign. 11/14/13 Dc

TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: SOUTH FLORIDA TECHNOLOGIES, INC (Name of Corporation) |
| DOCUMENT NUMBER: PO8000100611 |
| 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) |
| 3493 PINE HAVEN CIR (Address) |
| BOCA RATUN FI 33431 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| David Scrkin at (561) 901-8759 (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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301 |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, David L So | RKIN, here | eby resign as <u>COO</u> | (Title) |
|---|--|--------------------------|-----------------|
| of SOUTH PLOR | IDA TECHNOLO (Name of Corporation) | GIES, INC | |
| Po 8 600 100 6) (Document Number, if know | | | of the State of |
| FIORIDA | ······································ | | |
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| | (Signature of resigni | ng officer/director) | ** ** |
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| | FILING FEE IS | S \$35.00 | 2 |

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

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