## P08000/04202

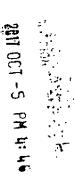
(Regi	uestor's Name)	
, ,	,	
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		<b>10</b>
(City/	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
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(Docu	ument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	





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## TRANSMITTAL LETTER

		•
TO: Amendment Section		
Division of Corporations		
•		
SUBJECT: SKY, INC		~
	(Name of Corporation)	<b>*</b>
DOCUMENT NUMBER: / O	(Name of Corporation)  8 ひひひ1 ロインロフ	All OCT 5 PH W. W
The enclosed Officer/Director Resign	nation for a Corporation and fee are submitted for filing.	•
Please return all correspondence cond	cerning this matter to the following:	
( , (		
Jekkor J Gr	loss	
(Name of Perso	n)	
54.		
(Name of Firm/Com	npany)	
(	·r0)	
(Address)	_ /NC	
(City/State and Zip	<u>(-/ 33/17)</u> Code)	
For further information concerning th	nis matter, please call:	
Jenne of Person)	at (95y) 530-8095 (Coll (Area Code & Daytime Telephone Number)	.)
Enclosed is a check for \$35.00 made	payable to the Florida Department of State.	
Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301	

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

			S. 3.
Jenno	1 Gross	, hereby resign as	Socrotory &
	SKY, ,	μc	·
(Document Number	<u>4202</u> , a cor r, if known)	poration organized unde	er the laws of the State of
	·		
		0	· · · · · · · · · · · · · · · · · · ·
_	(Signature	of resigning officer/director	

## 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