

PO90000012984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

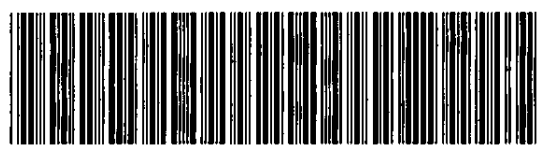
(Business Entity Name)

(Document Number)

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@ 10/29/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: POE - SHAW ENTERPRISES INC.
(Name of Corporation)

DOCUMENT NUMBER: PO 9000012984

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

BRET POE
(Name of Person)

1-800 WATER DAMAGE
(Name of Firm/Company)

1255 MAGNOLIA FARMS CT
(Address)

EUSTIS, FL 32726
(City/State and Zip Code)

For further information concerning this matter, please call:

BRET POE at (352) 403-1855
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

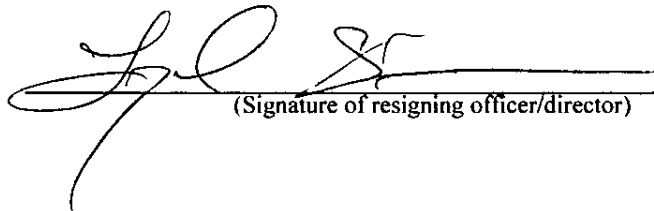
Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Loyd Shaw, hereby resign as Director
(Title)

of Poe-Shaw Enterprises, Inc.
(Name of Corporation)

P09000012984, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.


(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

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