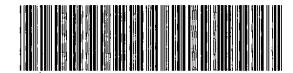
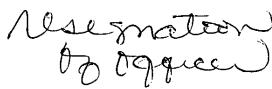
## P0900013553

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101 (O1

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: US Shrink Wrap,	Inc.
	(Name of Corporation)
DOCUMENT NUMBER: P	09000013553
The enclosed Officer/Director R	esignation for a Corporation and fee are submitted for filing
Please return all correspondence	concerning this matter to the following:
Gary R. Cills	
(Name of I	Person)
US Shrink Wrap, Inc.	
(Name of Firm	(Company)
13230 Grant Logan Lane	
(Addre	SS)
Jacksonville, Florida. 32225	
(City/State and	Zip Code)
For further information concerni	ng this matter, please call:
Sherri L. Fisher	at ( 904 ) 566-8950 (Area Code & Dayrime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 m	nade 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 LED FOR A CORPORATION 09 JUN 23 PM 3: 42

SECRETARY OF STATE TALLAHASSEE, FLORIDA

I, Gary R. Cills	, hereby resign as Vice President
-1	(Title)
of US Shrink Wrap Inc.	
(Nar	ne of Corporation)
P09000013553	, a corporation organized under the laws of the State of
(Document Number, if known)	
Florida	
	<del></del> -
<del>//</del>	(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