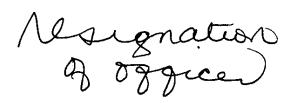
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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(Chipatalana)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
· (Document Number)		
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Contillant Coming Contillants of Chatra		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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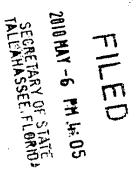
· Office Use Only



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5/410

COVER LETTER

Division of Corporations	
SUBJECT: Safe Water Instruction	n Methods, Inc.
	(Name of Corporation)
DOCUMENT NUMBER:	
The enclosed Officer/Director Resign	ation for a Corporation and fee are submitted for filing
Please return all correspondence conc	erning this matter to the following:
Matt Lamoreaux	
(Name of Persor	n)
Safe Water Instruction Methods,	Inc.
(Name of Firm/Com	pany)
4859 Chardonnay Drive	
(Address)	
Coral Springs, FL, 33067	
(City/State and Zip (Code)
For further information concerning th	is matter, please call:
Stephen Hiel	at (954) 323-8833 (Area Code & Daytime Telephone Number)
(Name of Person)	(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 Clifton Building	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO: Amendment Section

FILED

OFFICER / DIRECTOR RESIGNATION 2010 MAY -6 PH 14 05

SEGRETARY OF STATE TALEAHASSEE, FLORIDA

l, _	Matt Lamoreaux	, hereby resign as	Secretary	
			(Title)	
of	Safe Water Instruction Methods	s, Inc.		
(Name of Corporation)				
, a corporation organized under the laws of the State (Document Number, if known)				
FI	orida	_•		

FILING FEE IS \$35.00

Signature of resigning officer/director)

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

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