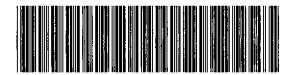
P0900057252

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
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Office Use Only



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SECRETARY OF STATE OF VISION OF CORPORATION

off RIS

NOV - 7 2012 T. BROWN

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT. SKT WOODWORKING INC

(Name of Corporation)

DOCUMENT NUMBER: P09000057252

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEVE TOMPKINS

(Name of Person)

SKT WOODWORKING INC

(Name of Firm/Company)

1429 DON STREET, UNIT D

(Address)

NAPLES, FL., 34104

(City/State and Zip Code)

For further information concerning this matter, please call:

STEVE TOMPKINS

₃₁,239

245-5208

(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:

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

Street Address:

Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399



OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

(Title)
iioii)
oration organized under the laws of the State of

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