# 0900010244

(Reque	stor's Name)	
(Address)		<u>.                                 </u>
`	·	
(0.1.1		
(Address)		)
(City/St	ate/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Pusing	as Entitu Nam	
(Busine	ss Entity Nam	пеј
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filin	g Officer:	
		•

Office Use Only



300207995053

05/27/11--01018--001 \*\*35.00

off. Resign.

TBrown 6-3-11

## 5/24/2011

Dear Florida Department of State;

I am aware that my name does not appear on the database for Slowsip Co. However, I am filing this formal resignation so it will be added as a formal document in your system.

Thank you-

Dawn Wilson 561 239 9636

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: SCOWSIP CO.  (Name of Corporation)  DOCUMENT NUMBER: P0900102444
DOCUMENT NUMBER: P0900102444
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
DAWN WILSON
(Name of Person)
(Name of Firm/Company)
3455 NE 12th TENROLE #4
(Address)
OAKUAWO PANK PL 33334 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
DAWN WILSON at (954) 561-8229  (Name of Person) (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.

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

CR2E044(08/05)

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

# **OFFICER / DIRECTOR RESIGNATION** FOR A CORPORATION

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION  ASECON STATE OF
I, DAWN WILSON, hereby resign as DINETTOR (Title)
of
P0900102444  (Document Number, if known)  FLORIDA  (Name of Corporation)  a corporation organized under the laws of the State of
<u>PLORIDA</u> .
(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