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(Re	equestor's Name)	<u> </u>		
(Ac	Idress)			
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(Ci	ty/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL		
(Bu	usiness Entity Name)		
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TRANSMITTAL LETTER

For further information concerning this matter, please call:

Amendment Section Division of Corporations

TO:

Tal P Accounting at (H) 852-1159 (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
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1. Gootlay 5	Hemer	, hereby resign as	Vice Pa	Sitle)	1	
of The	Sterne A (Name of Con	locationy Inc.		,		_,
P106000 232	, a co	ι orporation organized und	er the laws of th	e State	of	
	·				čå (c)	
	u 1/2 8		_		SEP 27 P.	To IT
* -	Signatu	re of resigning officer/director	or)	And the second s	# 25	

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