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(Red	questor's Name)	
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SUBJECT:		(Name of Co	proporation)	<u> </u>
DOCUMENT NUM	BER:	P 110	0005	Soles In
The enclosed Officer/	Director Resigna	tion for a Corpora	ation and fee a	are submitted for filing.
Please return all corre	spondence conce	erning this matter	to the following	ng:
Thomas Ris	にいい (Name of Person))		
modifted (No	of LA	Salas I	٠)	
(Na	me of Firm/Comp	any)		
1932 N	wsyte,	Aug		
Margate (Ci	` /			
(Ĉi	y/State and Zip Co	ode)		
For further informatio			all:	
Thomas R. (Name	of Porson)	at (<u>56)</u> (Area	○ TOU Code & Daytin	ne Telephone Number)
Enclosed is a check for	or \$35.00 made pa	ayable to the Flor	ida Departme	nt of State.

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

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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION IDEC 21 AM 9: 37 FOR A CORPORATION SECRETARY OF STATE AUGMENTARY OF STATE AUGMENTARY OF STATE OFFICER / DIRECTOR RESIGNATION SECRETARY OF STATE OFFICER / DIRECTOR R

I, Rorald Sicilia, hereby resign as Vice Praident Dir	ector
of Sothbard Allo Sales In (Name of Corporation)	
(Name of Corporation) P 11 000 50 60 , a corporation organized under the laws of the State of (Document Number, if known)	
Floricle.	

(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