## P11000097134

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C. MUSTAIN

## **COVER LETTER**

SUBJECT:    Composition   Comp	TO: Amendment Section Division of Corporations
Please return all correspondence concerning this matter to the following:    Company	(Name of Corporation)
(Name of Person)  SPRAY  (Name of Firm/Company)  1857 W. Sample Rd. #1334#136  (Address)  (City/State and Zip Code)  For further information concerning this matter, please call:  MICH HERRERA at (561, 305-5147)	The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
SPRAY A LA L	Please return all correspondence concerning this matter to the following:
7857 W. Sample Rd., #1334 #136  (Address)  (Address)  (City/State and Zip Code)  For further information concerning this matter, please call:  (City/State and Zip Code)	(Name of Person)
(City/State and Zip Code)  For further information concerning this matter, please call:  Mixe Herrican Aut (561), 305-5147	OPRA (Mame of Firm/Company.)
(City/State and Zip Code)  For further information concerning this matter, please call:  Mixe Herrican August 1967 (1968)	7857 W. Sample Rd., #133 & #13°
Mike HERRERA at 56/1,305-5147	
	For further information concerning this matter, please call:

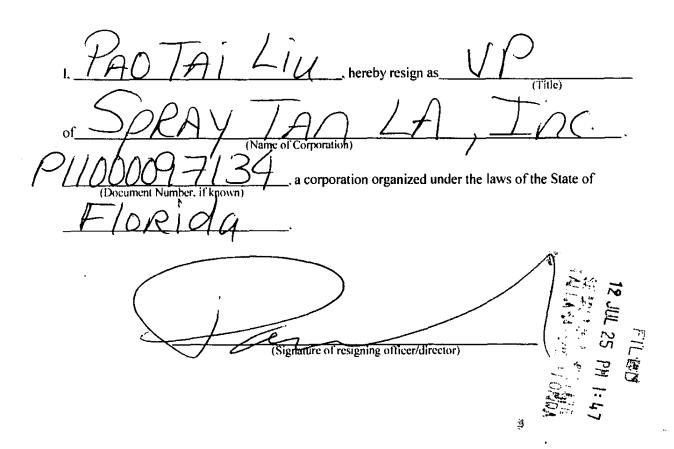
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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## 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