P11000101:862

(Re	equestor's Name)	
(Ac	dress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	<u> </u>

Office Use Only



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COVER LETTER

TO:	Amendment Section Division of Corporations			
SUE	BJECT: SESPHD, INC.			
(Name of Corporation)				
DO	DOCUMENT NUMBER: P11000107862			
The	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing			
Plea	se return all correspondence concerning this matter to the following:			
	(Name of Person)			
SE	SPHD INC.			
	(Name of Firm/Company)			
33	00 PGA BOULEVARD / ste 625			
	(Address)			
PA	LM BEACH GARDENS FL 33410			
	(City/State and Zip Code)			
For	further information concerning this matter, please call:			
	at () (Name of Person)			
	(Name of Person) (Area Code & Daytime Telephone Number)			
Enc	losed is a check for \$35.00 made payable to the Florida Department of State.			
Ame Divi Clift 266	teet Address: Eendment Section Sision of Corporations Ston Building Amendment Section Division of Corporations Fost Office Box 6327 Tallahassee, FL 32314			

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, SUN HOME & GARDEN INC.	, hereby resign as VPS
	(Title)
of SESPHD INC.	
(Name of Corpo	ration)
P11000107862	poration organized under the laws of the State of
(Document Number, if known)	portation organized under the laws of the State of
FLORIDA	
	
(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