

P120000980990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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APR 26 2016

R. WHITE

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** XIN SHENTI MASSAGE, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P12000098990

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**CHARLES SAMMARCO**

(Name of Person)

(Name of Firm/Company)

**1301 SW 10TH AVE, #M207**

(Address)

**DELRAY BEACH, FL 33444**

(City/State and Zip Code)

For further information concerning this matter, please call:

**CHARLES F. CANNONE, CPA** at **(561) 278-1199 X10**

(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  
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**

I, CHARLES SAMMARCO, hereby resign as PRESIDENT  
(Title)

of XIN SHENTI MASSAGE, INC.  
(Name of Corporation)

P12000098990, a corporation organized under the laws of the State of  
(Document Number, if known)

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

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**TALLAHASSEE, FLORIDA**