(Re	equestor's Name)	
. (Ac	idress)	
. (Address)		
(Ci	ty/State/Zip/Phon	e #)
	<u></u>	<b>—</b>
PICK-UP	☐ WAIT	MAIL
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(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies Certificates of Status		
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## TRANSMITTAL LETTER

SUBJECT: SLM TECHNOLOGIES INC. (Name of Corporation)
DOCUMENT NUMBER: P140000 49050
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Paul F. Mazzapica (Name of Person)
SLM Technologies, Inc. (Name of Firm/Company)
2802 N. Howard Ave.
TAMPA FL 33607 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (813) 294-9017 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

2+ \$35

CR2E044 (05/13)

Mailing Address:
Amendment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

**TO:** Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Paul F. MIZZapica, hereby resign as Prisident
(Title)
of SLM Technologies, INC.
(Name of Corporation)
<u>P/48000 49050</u> , a corporation organized under the laws of the State of (Document Number, if known)
Florida
faufly 1
(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 SECRETARY OF STATE

FIED