7140000 828 444

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nar	me)
(Dc	ocument Number)	,
Certified Copies		
Special Instructions to Filing Officer:		

Office Use Only



200279705142

12/10/15--01021--006 **85.00

SECRETARY OF STATE

DEC 1.4 2014 C. CARROTHERS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations
SUBJECT: Alofs Cloice State (Name of Corporation) DOCUMENT NUMBER: (4000082844
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Name of Person)
(Name of Person)
SAILORS CKOICE KEALTY (Name of Firm/Company)
(Name of Firm/Company)
6526 S. KANNER Hay #319 (Address)
STUART F1. 34997 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (772) 529 5538 (Area Code & Daytime Telephone Number)
(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, MARTIN I. RISDEN, hereby resign as 10908/	ilec-	70 C	,
of SAI/ONS Choice REALTY	, 	1	
(Name of Corporation) 14 0000 \$3 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	tate of		
PLORIDA	74 Os 111 (St	346	
	CRETARY (2818 DEC 10	
(Signature of resigning officer/director)	OF STATE	PM 4: H	

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