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TRANSMITTAL LETTER

SUBJECT:	SPIRIT	WINDS	STABLES ame of Corporation)	SOUTH	INC
	NUMBER:	,	• '		
The enclosed O	Officer/Director R	esignation for	a Corporation and	see are submitte	d for filing
Please return al	II correspondence	concerning th	is matter to the follo	owing:	
CRA	16 T, 64 (Name of	ALLE Person)			
THE	GALLE (Name of Firm	LAW 6R (Company)	cup pa		
13501	South She	re Blud	#103		
WEU	City/State and	FUNDI I Zip Code)	7 33418		
For further info	rmation concern	ing this matter.	please call:		
CRAIG	(Name of Person)	UE a	(<u>561</u>) <u>7</u> (Area Code & Da	98-170. ytime Telephone	Number)
Enclosed is a cl	heck for \$35.00 r	nade payable to	o the Florida Depart	ment of State.	

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

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

l,	LEA "	T. GU17	ARD	_, hereby r	esign as	PRESI	BENT	
						(Title	e)	
of	SPIR	IT WIN	ame of Corpora	BLES	SOUTH	INC		_•
_F	Document Nu				inized under the	e laws of the S	State of	
	FLORI		·					
		\mathcal{A}	Signature o	fresigning of	ficer/director)			
					ŕ		Z# SI IAL	•
							SECAL THEY	T
			FILING I	FEE IS S35	5.00		<u></u>	Ш
	Mak	e checks paya	ble to Florid	a Departm	ent of State a	nd mail to: ই	1 2: T#	D

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314