P15000004048

(Re	equestor's Name)	
(Ad	ldress)	
	ldress)	
(AC	iuless)	
(Cit	ty/State/Zip/Phone	#)
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(2)		,
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Carriel Instructions to	Filing Officer	
Special Instructions to	Filing Officer.	
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Office Use Only



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TRANSMITTAL LETTER

SUBJECT: Shorr Enterprises In C. (Name of Corporation)
DOCUMENT NUMBER: P1500004048
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Linda Shorr (Name of Person)
Shorr Enterprises Inc (Name of Firm/Company)
4500 N. Hatus Rd
Suncise, FL 33351 (City/State and Zip Code)
For further information concerning this matter, please call:
Linda Shorr at (954) 394-6601 (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

TO:

Amendment Section Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Mark Shorr, hereby resign as Vice President (Title)
of Shorr Enterprises Inc. (Name of Corporation)
P1500004048, a corporation organized under the laws of the State of————————————————————————————————————
Florida
Mu K) A.

(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 Comparations P.O. Box 6327/