

P15000020919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

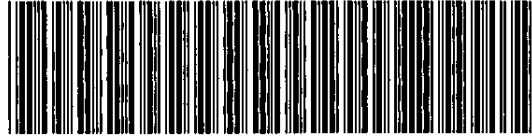
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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OCT 5 2014  
C. CARROTHERS

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SALES CENTER.INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P15000020919

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

Please return all correspondence concerning this matter to the following:

FRANKLIN SANDOVAL  
(Name of Person)

SALES CENTER.INC  
(Name of Firm/Company)

7964 NW 18 CT  
(Address)

PEMBROKE PINES 33024  
(City/State and Zip Code)

For further information concerning this matter, please call:

FRANKLIN SANDOVAL at ( 786 ) 5535260  
(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

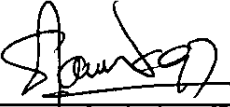
**Street Address:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, FRANKLIN SANDOVAL, hereby resign as PRESIDENT  
(Title)

of SALES CENTER.INC  
(Name of Corporation)

\_\_\_\_\_, 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

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 OCT -5 AM 11:01

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