

P1500004516b

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

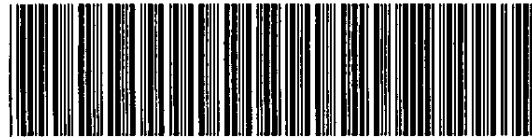
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TOLAHASSEE, FL 32060

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Safe Haven PB, INC

(Name of Corporation)

**DOCUMENT NUMBER:** P15000045166

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

Please return all correspondence concerning this matter to the following:

Jacob Hillman

(Name of Person)

Safe Haven Pb, INC

(Name of Firm/Company)

800 NE 13th Street, Apt 4

(Address)

Fort Lauderdale, FL 33304

(City/State and Zip Code)

For further information concerning this matter, please call:

Jacob Hillman

(Name of Person)

at (443) 2536345

(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

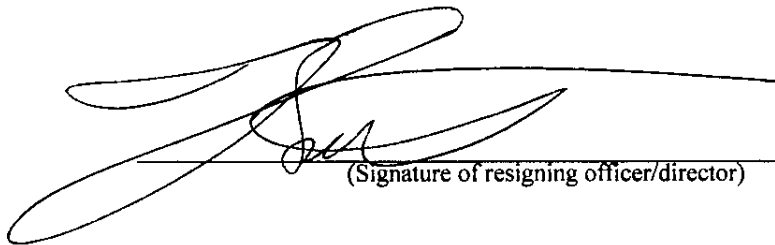
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Tiffany Skuraton, hereby resign as MGRP  
(Title)

of Safe Haven PB, INC  
(Name of Corporation)

P15000045166, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

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2011 MAR -3 PM 1:37  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

**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