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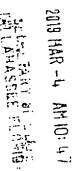
| (Requestor's Name) |
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| (Address) |
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| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Eddiness Entry Name) |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: SPA NAS SUPPLY DAY (Name of Corporation) |
| DOCUMENT NUMBER: <u>P (50000 /5 862</u> |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Donathan (Name of Person) |
| Spa Nous Supply Dec (Name of Firm/Company) |
| 2515 Shader Rd #8 |
| Orlando Fl 32804 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| <u>Donatlian</u> le at (<u>977</u>) <u>522 7278</u> (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 JUNH N60 hereby resign as Secretæry: Of GPA NAMES SUPPLY ZAC (Name of Corporation) P 15000 75 362 a corporation organized under the laws of the State of F Loxida Administration of the State of Administration organized under the laws of the State of Administration of Administration of Administration of Administration of Administration of Administr

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

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