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TRANSMITTAL LETTER

SIMMONS SPECIALIZED SERVICES INC SUBJECT: (Name of Corporation) P16000004750 DOCUMENT NUMBER: The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: KYLE SIMMONS (Name of Person) SIMMONS SPECIALIZED SERVICES INC (Name of Firm/Company) 5732 MAGNOLIA RIDGE PL (Address) SARASOTA, FL 34243 (City/State and Zip Code) For further information concerning this matter, please call: KYLE SIMMONS (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. **Mailing Address:** Street Address: Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

TO:

Amendment Section
Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Ι,	JEFFREY SIMMONS	, hereby resign as (Title)		
of_	SIMMONS SPECIALIZED SER			
_	(Na	ame of Corporation)		
	P16000004750	, a corporation organized under the laws of the State of		
	(Document Number, if known)			
	FLORIDA			
		(Signature of resigning offices/director)	56:01 MV 6-550 6107	

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