

P16000078922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

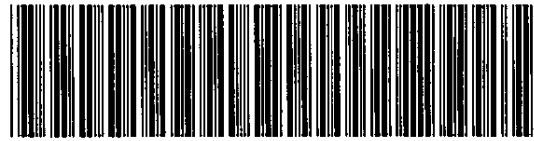
(Business Entity Name)

(Document Number)

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*1/2 per*

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SDRAM, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P16000078922

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

Please return all correspondence concerning this matter to the following:

**Sandra Donaldson**

(Name of Person)

**SDRAM, Inc.**

(Name of Firm/Company)

**2810 Black Pine Ct.**

(Address)

**Lantana, FL 33462**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Rick Moberg**

(Name of Person)

at ( **561** ) **633-2631**

(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

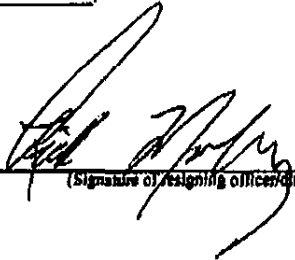
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Rick Moberg, hereby resign as Director  
(Title)

of SDRAM, Inc.  
(Name of Corporation)

P16000078922 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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA