P170000095475

(Re	questor's Name)			
(Address)				
(Ad	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

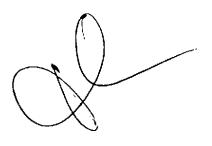
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2022 AUG 15 AH 9: 08



TRANSMITTAL LETTER

SUBJECT: SHALLIMAR MOTOR WORLD INC. (Name of Corporation)			
DOCUMENT NUMBER: P17000095475			
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing	g.		
Please return all correspondence concerning this matter to the following:			
(Name of Person)			
KAM PROFESSIONAL SERVICES CORPORATION (Name of Firm/Company)			
6240 WEST OAKLAND PARK B/ND #193 (Address)		2022	
LAUDERHIII FC 33319 (City/State and Zip Code)		2022 AUG 15	-
For further information concerning this matter, please call:		2	
KEITH MARTIN at (954) 869-5390 (Name of Person) (Area Code & Daytime Telephone Number)		9: 08	

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

Amendment Section Division of Corporations

TO:

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	TRICIA BEDASEG	, hereby resign as_	SECRETARY
			(Title)
of	SHALLIMAR MOTOR (Name of Corpor	WORLD /	IC
	P17 0000 95475 , a corp. (Document Number, if known)		
	FLORIDA.		
	Three	Jelane of resigning officer/direc	6/11/2022

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