P1700095475

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

Office Use Only



800411097968

S. CHATHAM

AUG 1 U 2023

06/27/23--01028--014 **35.00

2623 JUI 27 PH 4: 51

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations						
SUBJ	ECT: SHALLIMAR	motof (Name	WORLD Mc				
	UMENT NUMBER: <u>170</u>	•	-				
			Corporation and fee are submitted for filing				
Please	e return all correspondence concern	ning this n	natter to the following:				
	(Name of Person)	RITIN					
	KAM JROFESSIONAL (Name of Firm/Company)	<i>5f.RVI</i> (ny)	CFS CORPORATION				
	3800 NVERRARY AKID (Address)	SUME	400 R				
	CAUDERHIII FC 3. (City/State and Zip Co.	3319 de)					
For fu	urther information concerning this	matter, pl	ease call:				
	(Name of Person)	at (_	(Area Code & Daytime Telephone Number)				
Enclo	osed is a check for \$35.00 made pa	yable to tl	he 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 32303

Tallahassee, FL 32314

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. PAUL PATRICK FEAR	Cont	_, hereby resign	n as <u> <i>YICE - 1</i></u>	PRESIDEM (Title)		
of SHALLIMAR MOT	OR WORLD (Name of Corporal	lay C				 ·
P 170000 95475 (Document Number, if known)	, a corpo	oration organize	ed under the law	vs of the State	왕33 JUH 27	E TO
				**	PH 4: 51	, ਦ ਹੁੰਦਾ ਜ਼ਿਲ੍ਹ
	Post Signature of	resigning officer	director)	12/2023		

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