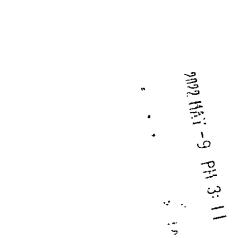
P94 0000 45153

(Re	questor's Name)	
(Ad	dress)	
(Ád	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





600386877566





TRANSMITTAL LETTER

Park Sheridan West, Inc.		
SUBJECT:	(Name of Corporation)	
DOCUMENT NUMBER: P94000045153	(Number of Corporation)	
-	n for a Corporation and fee are submitted for filing	
Please return all correspondence concernir	ng this matter to the following:	
Steve Berman		
(Name of Person)		
FIRM Realty		
(Name of Firm/Company)	
1930 Harrison Street, Suite 503		
(Address)		
Hollywood, FL 33020		
(City/State and Zip Code))	
For further information concerning this ma	atter, please call:	
Steve Berman	954 651-0864	
(Name of Person)	at () 651-0864 (Area Code & Daytime Telephone Number)	
Enclosed is a check for \$35.00 made paya	ble to the Florida Department of State.	
Mailing Address:	Street Address:	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

TO: Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Robin E. Robins I,	Vice President	Vice President, hereby resign as	
1,	(Title)		
Park Sheridan West, Inc.			
- <u></u>	(Name of Corporation)		
P94000045153	a corporation organized under the laws of the State o	of	
(Document Number, if k	own)		
Florida			
			
,	N. Occasion		
	(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