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TO:	Amendment Section Division of Corporations
SUB	SIECT: Twin Rivers Enterprise, Inc.
202	(Name of Corporation)
DOG	CUMENT NUMBER: P94000059085
Division of Corporations SUBJECT: Twin Rivers Enterprise, Inc. (Name of Corporation) DOCUMENT NUMBER: P94000059085 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing Please return all correspondence concerning this matter to the following: Clifton Samuels (Name of Person) (Name of Firm/Company) 1856 Commodore Point Dr (Address) Orange Park, FL 32003 (City/State and Zip Code) For further information concerning this matter, please call: Clifton Samuels (Name of Person) at (904	
Pleas	se return all correspondence concerning this matter to the following:
Clif	iton Samuels
	(Name of Person)
	(Name of Firm/Company)
185	56 Commodore Point Dr
	(Address)
Ora	ange Park, FL 32003
	(City/State and Zip Code)
For f	Further information concerning this matter, please call:
Clift	on Samuels at (904) 525-1588
	(Name of Person) (Area Code & Daytime Telephone Number)
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.
Ame Divis Clift 2661	

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



, hereby resign as Vice-President	
(Title)	
rporation)	
corporation organized under the laws of the State of	
Camul	

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