

P95000061986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*C. Coulliette*

C.COULLIETTE

MAR 20 2009

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SABAL-KIELMANN, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** FEIN 65-0612163-00 / FL TAX ID 23-08-456853-78/8

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

Please return all correspondence concerning this matter to the following:

JOHN R. SHERMAN III

(Name of Person)

SABAL-KIELMANN, INC.

(Name of Firm/Company)

2100 CORAL WAY - SUITE 501A

(Address)

MIAMI, FL 33145

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN R. SHERMAN III

(Name of Person)

at ( 305 ) 858-1110

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, JOHN R. SHERMAN III, hereby resign as PRESIDENT  
(Title)

of SABAL-KIELMANN, INC.  
(Name of Corporation)

995000061986, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

 - 3/12/09  
(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**