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TRANSMITTAL LETTER

SUBJECT: Phillips five Sprinkles, Inc. (Name of Corporation)
DOCUMENT NUMBER: <u>P9500090185</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Claria Bramos (Name of Person)
Phillips Fire Sprinkles, Inc. (Name of Firm/Company)
425 Sw 148 Avenue
Davie 12 33325 (City/State and Zip Code)
For further information concerning this matter, please call:
Clond Bramos at (954) 217-0600 (Area Code & Daytime Telephone Number)

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

TO:

Amendment Section Division of Corporations

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

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ı, Gloria M. Mur	SECRE LARY OF STATE TALL AHASSEE. FLORIDA (Title)
of Phillips fixe (Name	Sprink(Fos, Inc.
00= 20220010=	, a corporation organized under the laws of the State of
Morida	·

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