P95000095920

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

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Office Use Only



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C.COULLIETTE

APR 06 2011

EXAMINER

Exhibit A

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: SAGElike Locations, Inc.				
(Name of Corporation)				
DOCUMENT NUMBER: P9500	0695920			
The enclosed Officer/Director Resignation for a Co	opporation and fee are submitted for filing.			
Please return all correspondence concerning this m	atter to the following:			
(Name of Person)				
SAO Elite Locations, Inc. (Name of Firm/Company)				
(Name of Firm/Company)	; 			
11005 N. Dak Maby 1-				
TAMPA FL 33618 (City/State and Zip Code)				
For further information concerning this matter, please call:				
(Name of Person) at (8/2) 220-8394 (Area Code & Daytime Telephone Number)				
(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for \$35.00 made payable to the Florida Department of State:				
Street Address:	Mailing Address:			
Amendment Section	Amendment Section			
Division of Corporations	Division of Corporations Post Office Box 6327			
Clifton Building 2661 Executive Center Circle	Tallahassee, FL 32314			
Tallahassee, FL 32301				

CR2E044(08/05)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Christophu Augelo, hereby resign as Presidul (Title)		
of	SAO Elite Locations, INC		,
	, a corporation organized under the laws of the State of	•	
	Florida.		
	Signature of resigning officer/director)		
		11 APR -4	VISTON OF C
	FILING FEE IS \$35.00	AH 10: 0	

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporation
P. O. Box 6327
Tallahassee, Florida 32314