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TALLAHASSEE FLORIDA

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Tot State IC. (Name of Corporation)
DOCUMENT NUMBER: 797000039622
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Tim Murphy (Name of Person)
(Name of Firm/Company)
5/57 52. 192 5f. (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
Tim Men Play at (305) 2/18-8243 (Name of Person) (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  Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, _	Timothy J. Murphy	hereby resign as <u>Chairman</u> , <u>President</u> (Title)	_
of_	Tot Shots.	TeC. me of Corporation)	,
	P97aooo39422 (Document Number, if known)	, a corporation organized under the laws of the State of	
	Flecide	<del>-</del>	
		TALLAHASSEE, FLORIDA (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