## P971000066987

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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OF JUN 19 PH 31 00
TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: SALIME INC  (Name of Corporation)  P9700066987
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
AL DESA: (Name of Person)
PREMER ACCOUNTING 4 TAX  (Name of Firm/Company)
TORT GRAND NATIONAL DR STE 102  (Address)  ORIANDO FL 32815  (City/State and Zip Code)
For further information concerning this matter, please call:
AL DETAI at (45) 345-0007 (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: 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 FILED FOR A CORPORATION

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SLORLIANT OF STATE TALLAHASSEE, FLORIDA

Ī,	SALIME	DAOUD	, hereby resign as_	PRECIDENT	े हैं। .1
				(Title)	
of	SAL	-IME (Name	of Corporation)		,
Pa	(Document Number,		, a corporation organized und	der the laws of the State of	1
	FLORIDA		_•		
		(		TO TO	
		G	Signature of resigning officer/direct	Ury ·	

## 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