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(Re	equestor's Name)	
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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE
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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Simpower Inc. (Name of Corporation)
DOCUMENT NUMBER: <u>69800078820</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:
Bryan W. Amos (Name of Person)
Simpower, Inc. (Name of Firm/Company)
Ormond Beach, FL 32176  (City/State and Zip Code)
For further information concerning this matter, please call:
Bryan W. Amos at (912) 354-9924 (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

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## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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## 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