

P980000083677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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@ 1.30.15

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:**

Blue Devil Tattoo Corp.  
(Name of Corporation)

**DOCUMENT NUMBER:** P98000083677

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Mr. Robert Feierstadt**

(Name of Person)

(Name of Firm/Company)

**P.O. Box 290420**

(Address)

**Davie, FL 33329**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Mr. Robert Feierstadt**

(Name of Person)

at (954) 214-5866

(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

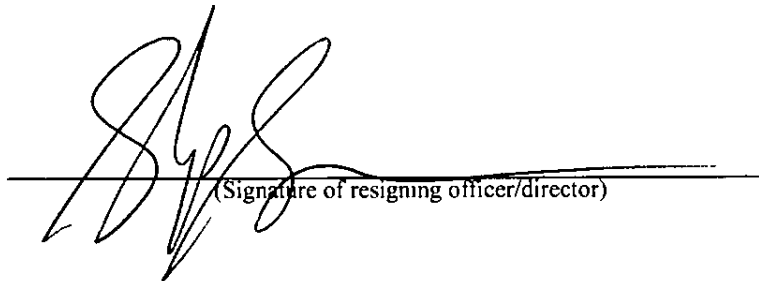
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Skip Sampson, hereby resign as PD  
(Title)

of Blue Devil Tatto Corp.  
(Name of Corporation)

P98000083677, a corporation organized under the laws of the State of  
(Document Number, if known)

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

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