## P99000040817

(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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02/28/08--01034--014 \*\*35.00

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SECRETARY OF STATE

officer Resignation

TB 3-3-18

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: SAMEE ENTERPRISES INC. (Name of Corporation)
DOCUMENT NUMBER: 199000 40 817
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
EFRAIM HERNANDE Z (Name of Person)
Sabre ENTERPRISES INC. (Name of Firm/Company)
10967 Long BOAT Deve (Address)
Copper City Fl 337026  (City/State and Zip Code)
For further information concerning this matter, please call:
William Helnande2 at (954) 438-0740 (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 FOR A CORPORATION

TALECREB 28 PAIR.

I, _	EFRAIM	Hernandez	, hereby resign as	Director (Title)	~ <i>r</i> / <sub>/</sub>
of_	Sabee	ENTERPRISES (Name	TNC.e of Corporation)		
	(Document N	O UOUT umber, if known)	, a corporation organized und	ler the laws of the State of	
	Florida		<u></u> .		

FILING FEE IS \$35.00

of resigning officer/director)

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

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