

P99000105870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

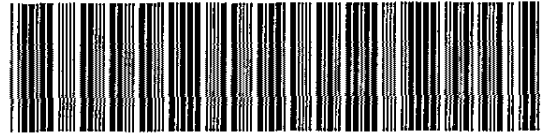
(Business Entity Name)

(Document Number)

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Resignation
of
agencies

12/30/04--01002--014 **35.00

FILED
04 DEC 29 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
04 DEC 29 PM 4:35
STATE
TALLAHASSEE, FLORIDA

ASR
12/29/04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sphyrna, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P99 000 105 870

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

Please return all correspondence concerning this matter to the following:

S. Leonard
(Name of Person)

(Name of Firm/Company)

(Address)

Tallahassee, FL 32303
(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (_____) (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**

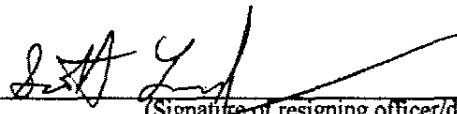
FILED
04 DEC 29 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Scott Leonard, hereby resign as CEO
(Title)

of Sphyrna, Inc.
(Name of Corporation)

P99000105870, 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