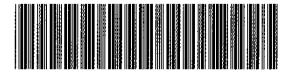
530701

(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:
:
·

Office Use Only



200130253492

05/27/08--01025--009 **35.00

OB MAY 27 AM 8: 07
SECRETARY OF STATE
ALLAHASSEE, FI OBJE

My Resign

8. Gaziliatia JUN 0 2 2008

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: TRI-STATE SALES	& SERVICE, INC.
SUBJECT.	(Name of Corporation)
DOCUMENT NUMBER: S307	701
The enclosed Officer/Director Resig	gnation for a Corporation and fee are submitted for filing
Please return all correspondence con	ncerning this matter to the following:
Susan L. Kidd	
(Name of Pers	on)
Seabreeze Bookkeepin	g
(Name of Firm/Co	mpany)
441 S. Ridgewood Ave) .
(Address)	
Daytona Beach, FL 32	2114
(City/State and Zip	Code)
For further information concerning	this matter, please call:
Susan L. Kidd	at (386) 258-5880 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made	e 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

I. Eleanor Obracay	. hereby resign as Dir,Pres &Treas	urer
	(Tir	le)
of Tri-State Sales & Service, I	nc.	
	ame of Corporation)	
	r,	
S30701 (Document Number, if known)	, a corporation organized under the laws of the	State of

(Signature of resigning officer/director)

FILING FEE IS \$35.00

SECRETARY OF STATE ORIDA

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

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