

V64126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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CLERK OF STATE
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officer Resignation

T BROWN FEB - 1 2005

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Seminole Sales, Inc,
(Name of Corporation)

DOCUMENT NUMBER: V64126

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

Please return all correspondence concerning this matter to the following:

Linda N. Rives
(Name of Person)

Seminole Sales, Inc.
(Name of Firm/Company)

174 B Semoran Commerce Place Suite #125
(Address)

Apopka, FL 32703
(City/State and Zip Code)

For further information concerning this matter, please call:

Linda N. Rives at (407) 814-0797
(Name of Person) (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**

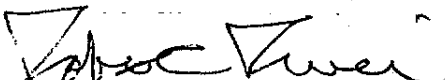
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Robert C. Rives, hereby resign as VP, Sec'y, Director
(Title)

of Seminole Sales, Inc.
(Name of Corporation)

V64126
(Document Number, if known), a corporation organized under the laws of the State of

Florida

 12/1/04
(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