F12000000097

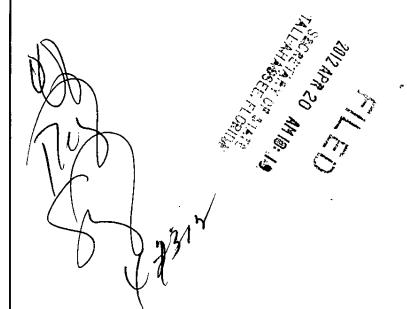
	•			
(Re	equestor's Name)			
(Ad	ldress)			
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
_	_	_		
☐ PICK-UP	☐ WAIT	MAIL		
•				
· (Bu	siness Entity Nar	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	Certificates of Status		
Special Instructions to	Filing Officer			
opeoidi mondonono to	Timing Silloon.			
<u> </u>				





200230074282

04/20/12--01027--021 **35.00



COVER LETTER

Amendment Section Division of Corporations
UBJECT: County Surplus Co.
(Name of Corporation)
OOCUMENT NUMBER: F12000000097
he enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Armando Cardella
(Name of Person)
County Surplus Co.
(Name of Firm/Company)
28 West Flagler Street, Suite 1000
(Address)
Miami, FL 33130
(City/State and Zip Code)
or further information concerning this matter, please call:
Armando Cardella at (305) 320-3939
Armando Cardella at (305) 320-3939 (Area Code & Daytime Telephone Number)
nclosed is a check for \$35.00 made payable to the Florida Department of State.
treet Address: mendment Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, Sara Lowe	, hereby resign as_	Officer Ores 2		
of County Surplus Co.			(Title) _F	
(Na	me of Corporation)			
F1200000097 (Document Number, if known)	, a corporation organized un	der the la	ws of the State of	
Colorado				

(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