

P01000118279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

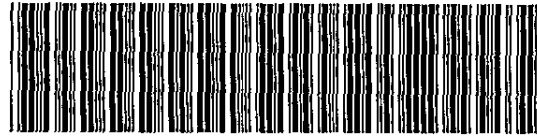
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/02/04--01026--003 **35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

o/p Res
CRB
9/10

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bryan Electric of North Florida, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P01000118279

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

Please return all correspondence concerning this matter to the following:

Robert Bryan

(Name of Person)

Bryan Electric of North Florida, Inc.

(Name of Firm/Company)

14476-106 Duval Place West

(Address)

Jacksonville, Florida 32218

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Bryan
_____ at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

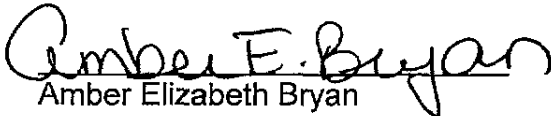
Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

July 1, 2004

TO WHOM IT MAY CONCERN:

As of this date, I am tendering my resignation as an Officer in Bryan Electric of North Florida, Inc.


Amber Elizabeth Bryan

State of Florida,
County of Duval

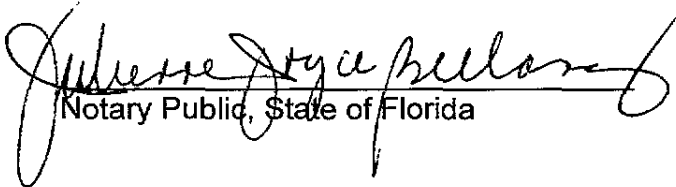
Sworn to and subscribed before me this 1st day of July, 2004,

by, Amber Elizabeth Bryan, who is:

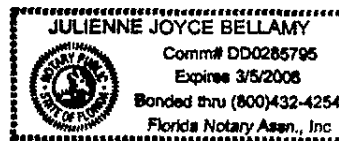
personally known to me; or

produced a Florida driver's license as identification; or

produced _____ as identification.


Notary Public, State of Florida

My Commission expires:



**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Amber Bryan, hereby resign as Secretary
(Title)

of Bryan Electric of North Florida, Inc.
(Name of Corporation)

P01000118279, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Amber E. Bryan
(Signature of resigning officer/director)

FILED
04 SEP -2 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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