(Re	questor's Name)
(Ad	dress)
(Ad	dress)
(Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
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COVER LETTER

SUBJECT: INTERIOR CONNECTIONS, INU.
(Name of Corporation)
DOCUMENT NUMBER: FET# 010768013
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LYNN M. SCHAEFFER (Name of Person)
Unterior Connections
(Name of Firm/Company)
6996 Piazza Grande Ave. # 309
ONlando, H 32835 (City/State and Zip Code)
For further information concerning this matter, please call:
LYNN JCHAEFFER at (401) 345-1150 (Name of Person) at (401) 345-1150 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made 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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Jame	s Wilhelm	, hereby resign as_	Vice Pres	sident	
of Int	erior Connection (Name of Corp	ons, Inc.	· · · · · · · · · · · · · · · · · · ·		
_		rporation organized un	der the laws of the	e State of	
Florida	. "			دم يہ	
	Janel Cionatur	Ulul e of resigning officer/direct	orl	2008 DEC -8 A SECRETARY C TALLAHASSEE	TI
	(Signatur	e or resigning officer/direct	ωι <i>)</i>	AM 10: 17 UF STATE E. FLORID	O

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