

P030000024605

(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



600219719366

01/27/12--01006--019 \*\*35.00

FILED  
2012 JAN 27 PM 12:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

off. Res.

JAN 30 2012

T. BROWN

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FORM OF ART CUSTOM MOSAIC'S INC  
(Name of Corporation)

**DOCUMENT NUMBER:** PO300024605

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

Please return all correspondence concerning this matter to the following:

WILLIAM H. FANNING  
(Name of Person)

(Name of Firm/Company)

12605 CANTAMARAN PL  
(Address)

TAMPA, FL 33618  
(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM FANNING at (813) 528-7716  
(Name of Person) (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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**  
2012 JAN 27 PM 12:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, WILLIAM FANNING, hereby resign as S/T  
(Title)

of FORM OF ART CUSTOM MOSAICS INC.,  
(Name of Corporation)

P0300024605, a corporation organized under the laws of the State of  
(Document Number, if known)

William J. Fanning  
(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