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(Re	questor's Name)	
(Ad	dress)	<u></u>
	dress)	
(Adi	aress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

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TO: Amendment Section

TRANSMITTAL LETTER

Division of Corporations
Subject: Sub
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. In a company to the control of
Sebaing Plumbins, Inc. (Name of Firm/Company)
1.310 Karlo St. (Address)
Sobring PZ 33875 (City/State and Zip Code)
For further information concerning this matter, please call: (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

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OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Name of Sorporation)

Notice presiden

(Name of Sorporation)

Cougare & Maring
(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