(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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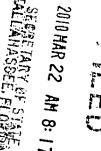
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COVER LETTER

TO: Amer Divis	ndment Section ion of Corporations
SUBJECT:	Sarape Drywall Inc.
_	(Name of Corporation)
DOCUMEN	T NUMBER:
The enclosed	Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return	all correspondence concerning this matter to the following:
Sandra Co	ontreras
	(Name of Person)
Sarape Dr	ywall
,	(Name of Firm/Company)
12 Viking [Drive NW #F
	(Address)
-Fort Walto	n Beach, FL 32548
	(City/State and Zip Code)
For further in	nformation concerning this matter, please call:
Nancy Hou	at (
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a	check for \$35.00 made payable to the Florida Department of State.
Street Addr Amendment Division of C Clifton Build 2661 Executi Tallahassee,	Section Amendment Section Corporations ling Post Office Box 6327 ive Center Circle Tallahassee, FL 32314

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

i, <u>Sandra</u>	Contrara	25	_, hereby resign a	as Vice F.	resident (Title)	
of Sara	pe Dryl	wall :	In C			.•
P0 5 0 0 0 (Document Num) 81849 nber, if known)	, a corpo	oration organizèd	under the laws	of the State of	
Florida		•				
		afo	elgrun	,	2010 HAR 22 SEGGETARY FALLEAHASSE	المناه المناه
		(Signature of	f resigning officer/di	rector)	To B	
					8: 17	

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