P05000091739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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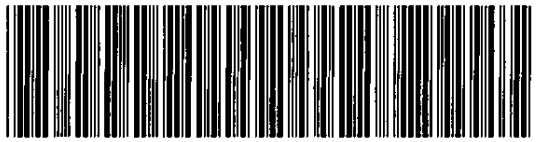

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CERTIFIED HOME RESTORATION, INC.
(Name of Corporation)

DOCUMENT NUMBER: P05000091739

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

Please return all correspondence concerning this matter to the following:

LARRY T. PIEPER
(Name of Person)

CERTIFIED HOME RESTORATION, INC.
(Name of Firm/Company)

4120 DALRY DRIVE
(Address)

JACKSONVILLE, FL 32246
(City/State and Zip Code)

For further information concerning this matter, please call:

LARRY T. PIEPER at (904) 307-1228
(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

I, THOMAS E. LLOYD, hereby resign as PRESIDENT
(Title)

of CERTIFIED HOME RESTORATION INC.
(Name of Corporation)

P0500001739, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

FILED
06 JUL -3 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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