P05000116986

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	MAIT WAIT	MAIL MAIL		
(Br	usiness Entity Na	me)		
(Di	ocument Number)		
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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03/16/16--01020--029 **35.00

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TRANSMITTAL LETTER

	A			
SUBJECT:	(Name of Corporation)	_		
DOCUMENT NUMBER:	P05000116986	_		
The enclosed Officer/Director Re	esignation for a Corporation and fee are submitted for f	iling.		
Please return all correspondence of	concerning this matter to the following:			
Name of Firm/o (Name of Firm/o 778 Hill Dr. (Address West PALM BEAG (City/State and 2)	(Company) # F.		16 HAR 11	STEELING OF THE STEELING OF TH
For further information concerning		ber) *	6 PHI2: 21	

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

Amendment Section

Division of Corporations

TO:

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1,	Alex BAQUERIZO	, hereby resign as	CLERK (Title)	<u>-</u>
of	A 2 M CARPET INS (Name of Corpora	TALLATIONS; IN	•	······································
	(Document Number, if known), a corpo	oration organized unde	er the laws of the Sta	ate of
- .	FLORIDA.			
		of the age		6 AAR 7
	(Signature/o	f resigning officer/director		. (5.10) 5 PH 12: 21

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