(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100087690921

02/13/07--01022--013 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Carpet a Dryucal Respiration
DOCUMENT NUMBER: POSO 00 159795
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ovidu Manta (Name of Person)
Carpet Dryall Restoration (Name of Firm/Company)
24480 Vienison Lane
Punta Gorda PL 33955 (City/State and Zip Code)
For further information concerning this matter, please call:
Ovidiu Manta at (954) 445 - 5749 (Name of Person) at (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

PILED DIVISION OF CORPORATIONS

OFFICER / DIRECTOR RESIGNATION FEB 13 AN IO: 08 FOR A CORPORATION

I, Michael Blackburn, hereby resign as Vice President	_
of Carpet e Drywall Restoration, Inc.	,
DOSODO 159 795, a corporation organized under the laws of the State of (Document Number, if known)	
Flordia	

(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