P07000060263

(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	⊋ #)
PICK-UP	WAIT	MAIL
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(DC	cument Number)	
Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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officer Resignation
TB 18/14/10

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: 14T LES PONSE RESTORATION GROUP (Name of Corporation)
DOCUMENT NUMBER: PO700000763
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Willand Sila (Name of Person)
151 LESPONSE LESTOLATION GROUP (Name of Firm/Company)
14361 SW 159 TELL (Address)
MIANI FLORIDA 33177 (City/State and Zip Code)
For further information concerning this matter, please call:
Willaw Swa at (786) 269-5780 (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, FRANCI	ISCO KNI6	HT, her	eby resign as_\vec{V}	lice Pres	SIDENT (Title)	-
of \ST	lesponse	Name of Corporation)	Great	Inc.	,	
<u> 90700</u>	0060263 ent Number, if known)		organized und		the State of	
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					HASSEE	LEL
٠	- Jva	(Signature of resign	ing officer/directo	r)	FSTATE	ns

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