ivision of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : Y. GONZALEZ CPA PA

Account Number : I20120000018 Phone : (786)383-4095 Fax Number : (888)769-0857

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

F 3 7	Address.			
⊢man i	MUULESS,			

COR AMND/RESTATE/CORRECT OR O/D RESIGN CM IMPACT WINDOW & DOOR INC

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TRANSMITTAL LETTER

TO:	Amendment Section
	Division of Corporations

5UDJECT:						
BJECT: (Name of Corporation)						
DOCUMENT NUMBER: P21000087202						
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing						
Please return all correspondence concerning this matter to the following:						
ORLANDO CATILLO GARCIA						
(Name of Person)						
CM IMPACT WINDOW & DOOR INC						
(Name of Firm/Company)						
965 SE 2 PL						
(Address)						
HIALEAH, FL 33010						
(City/State and Zip Code)						
For further information concerning this matter, please call:						
ORLANDO CATILLO GARCIA 305 780-1447 at ()						
(Name of Person) (Area Code & Daytime Telephone Number)						

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 Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E044 (05/13)

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To:

OFFICER / DIRECTOR RESIGNATION FILED

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Page: 3 of 3

YOELMER MORA ACOSTA	, hereby resign as	TALLAHASSEE, FL
,	,,	(Title)
CM IMPACT WINDOW & DOOR INC	:	,
(Nan	ne of Corporation)	
P21000087202	, a corporation organized under	the laws of the State of
(Document Number, if known)		
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