P96000068107

Requester's Name



Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. ₋	(Corporation Name) (Corporation Name)	(Document #) Document #) (Document #) -12/26/0001116003 ******35.00 ******35.00
3.	(Corporation Name)	(Document #)
4.	Walk in	Certified Copy 8 Photocopy Certificate Copy 8 AMENDMENTS Copy 8 AMENDMENTS Copy 8 Amendment Copy 8 Amendment Copy 8 Change of Registered Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Copy Solution Copy So
	•	Examiner's initials

OFFICER / DIRECTOR RESIGNATION

I, BRUCE HOOVIS, hereby resign as CHAIR M (Title)	AN_
of STORM SMART BUILDING SYSTEM (Name of Corporation)	ns, Jr.C
a corporation organized under the laws of the State of FLORIDA	
and affirm that the corporation has been notified in writing of the resignation. (Signature of resigning officer/director)	OD DEC 26 PM 1:21 SECRETARY OF STATE FALLAHASSEE, FLORID.

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314