## 397481

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filling Officer.
,

Office Use Only



500129928275

05/22/08--01022--019 ++113.75

08 MAY 22 PH 12: 07
SECRETARY OF STATE

of losgn

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Reliable Sprinkler Sy	stems, Inc.
	(Name of Corporation).
DOCUMENT NUMBER: 39	7148(
The enclosed Officer/Director Resign	nation for a Corporation and fee are submitted for filing
Please return all correspondence con-	cerning this matter to the following:
Michael D Macomber	
(Name of Perso	n) .
Reliable Sprinkler Systems, Inc.	
(Name of Firm/Con	npany) .
P.O. Box 511734	
(Address)	
Punta Gorda, FL 33951	•
(City/State and Zip	Code)
For further information concerning the	his matter, please call:
Aleshia Macomber	at ( 941 ) 628-5853 (Area Code & Daytime Telephone Number)
(Name of Person)	(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

Robert M Macomber	, hereby resign as	, hereby resign as President	
-,		(Title)	
Reliable Sprinkler Systen	ns, Inc.		
•	(Name of Corporation)		
39748/ (Document Number, if known)	, a corporation organized under	the laws of the State of	

(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