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(Requestor's Name) (Address) (Address)	500151725675 04/23/0901047007 **70.00	
(City/State/Zip/Phone #)		
(Business Entity Name) (Document Number)		
Certified Copies Certificates of Status Special Instructions to Filing Officer:	FIL 09 APR 23 SECRETART TALLAHASSI	
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COVER LETTER

TO: Amendment Section Division of Corporations

Central Onlando Pavins, Inc (Name of Corporation) SUBJECT:

1

DOCUMENT NUMBER:

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

474536

Please return all correspondence concerning this matter to the following:

ACK L Phillips (Name of Person) entral ON ando Paving, Inc. 107 Winding OAKS Dr (Address)

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OMpruch 7L 32825 (City/State and Zip Code)

For further information concerning this matter, please call:

<u>Jack L PhilliB</u> at (<u>400</u>) <u>273-6553</u> (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 Phi.11', Ps Ack hereby resign as Pitle) entral ()~0 of (Name of Corporation) 474536 ___, a corporation organized under the laws of the State of (Document Number, if known) lorida APR 23 AM.10: 15 FILED

FILING FEE IS \$35.00

ure of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, Florida 32314