

F07000005417

(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:

Office Use Only



900192287679

01/27/11--01005--030 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JAN 27 PM 12:42

C. Coulliette
C.COULLIETTE
JAN 31 2011
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Loewen Window Center of Florida, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F07000005417

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

Please return all correspondence concerning this matter to the following:

Sonja Engler
(Name of Person)

(Name of Firm/Company)

790 Chimney Rock Rd.
(Address)

Weston, FL 33327
(City/State and Zip Code)

For further information concerning this matter, please call:

Sonja Engler at (954) 552-4926
(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

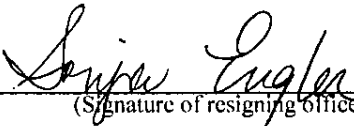
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Sonja Engler, hereby resign as Vice President
(Title)

of Loewen Window Center of Florida, Inc.
(Name of Corporation)

F07000005417, 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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JAN 27 PM 12:42**