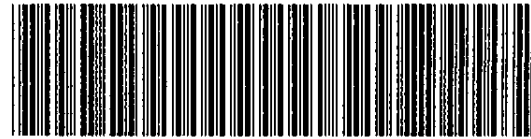


F07000005417



900192289579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

01/27/11--01005--027 **35.00

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DIVISION OF CORPORATE AFFAIRS
11 JAN 27 PM 12:39

Resign
C.COULLETTE

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:

Michael 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:

Michael Engler

(Name of Person)

at (954) 448-2327

(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

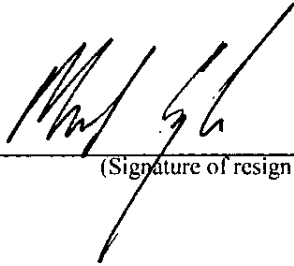
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Michael Engler, hereby resign as Director and 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 12:39