

F35889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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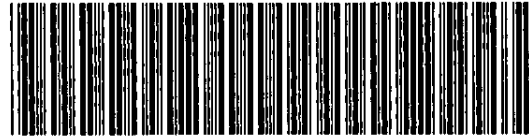
(Business Entity Name)

(Document Number)

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Mr. [Signature]

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13 JAN 22 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 23 2013
T. ROBERTS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AL Coleman Plumbing Inc
(Name of Corporation)

DOCUMENT NUMBER: IF 35889

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

Please return all correspondence concerning this matter to the following:

Roberta Coleman
(Name of Person)

AL Coleman Plumbing Inc
(Name of Firm/Company)

485 Lake Helen Dr
(Address)

Lake Placid FL 33852
(City/State and Zip Code)

For further information concerning this matter, please call:

Roberta Coleman at (863) 414 0963
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
13 JAN 22 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Roberta Coleman, hereby resign as Secy/Tren.
(Title)

of AL Coleman Plumbing, Inc.
(Name of Corporation)

F-35889, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Roberta Coleman
(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