673289

(Requestor's Name)		
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: SMIDS CARPET & INSTALLATION INCORPORATED

(Name of Corporation)

DOCUMENT NUMBER: G73289

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

Please return all correspondence concerning this matter to the following:

Vicki Smid

(Name of Person)

Smids Carpet & Installation, Inc.

(Name of Firm/Company)

4596 Lexington Ave.

(Address)

Jacksonville, FL 32210

(City/State and Zip Code)

For further information concerning this matter, please call:

Raleigh M Wilcox CPA

...904

223-9556

(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
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FIRE LA SEGRETARY OF A CAPACITOR DIVISION OF CORPORATION

15 DEC - 1 AH 11: 24

, hereby resign as Secretary	
(Title)	
tallation Incorporated	
of Corporation)	
_, a corporation organized under the laws of the State of	
·	
Smul Smul 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