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(Requestor's Name) (Address)	900110790369
(City/State/Zip/Phone #)	10/22/0701035005 **35.00 TALLAHASSEE.FLORIDA
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COVER LETTER

TO: Amendment Section **Division of Corporations**

Professional Plumbing + Design Inc. (Name of Corporation) SUBJECT:

DOCUMENT NUMBER: 178.1041

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Ted willman	
(Name of Contact Person)	
Professional Plumbing & Design Inc (Firm/Company)	
(Firm/Company)	
4450 Middle Ave (Address)	
(Autress)	
SALANDIA FL 34234	

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Contact Person) at (941) 953-7822 (Area Code & Daytime Telephone Number)

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

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

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Street Address: Amendment Section **Division of Corporations Clifton Building** 2661 Executive Center Circle Tallahassee, FL 32301

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CR2E045 (8/05)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

هي ،

1. Theodore W. Himan, hereby resign as_____ of <u>Professional Plumbing & Design Inc</u> (Name of Conformation) (Title) of (Document Number, if known) , a corporation organized under the laws of the State of Florida

V (Signature of resigning officer 10/16/07

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