(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



100075995161

06/09/06--01036--001 **70.00

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: WILSON'S N.C. FURNITURE, INC. (Name of Corporation)
DOCUMENT NUMBER: K 7307/
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Please return all correspondence concerning this matter to the following: Donnie Wilson Mame of Person
(Name of Firm/Company) 1 9560 - U LEM TURNER ROAD KIRDY-WILLIAM
(Name of Firm/Company) 9560-11 LEM TURNER ROAD KIRDY-William: (Address) TACKSONULUE, FL 32208 (City/State and Zip Code)
(City/State and Zip Code) For further information concerning this matter, please call:
(Name of Person) at (904) 2460713 (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
Post Office Box 6327
Tallahassee, FL 32314

CR2E044(08/05)

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, DONALD L. U	NOSTIN	, hereby resign as	P, T, C	<u> </u>
		NVC. FU	mniture	Inc
(Document Number, if known	, a corpo	oration organized unde	r the laws of the State	e of
FLORIPH				
	(Signature of	f resigning officer/director)	TALLAHASSEE, FLORIDA	FILED MID OO

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314