L35404

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
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TALLAHASSEE FLORIBA

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COVER LETTER

TO:	Amendment Section Division of Corporations
SUE	BJECT: CERTIFIED APPRAISERS, INC
	(Name of Corporation)
DO	CUMENT NUMBER: L35406
The	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Plea	se return all correspondence concerning this matter to the following:
CH	IERYL L HORMES
	(Name of Person)
CE	RTIFIED APPRAISERS, INC.
	(Name of Firm/Company)
25	400 US HIGHWAY 19 N., STE 170
	(Address)
CL	EARWATER, FL 33763
	(City/State and Zip Code)
For	further information concerning this matter, please call:
СН	ERYL L HORMES at (727-) 724-8187 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enc	losed is a check for \$35.00 made payable to the Florida Department of State.
Amo Divi Clift 266	Mailing Address: endment Section Amendment Section Sion of Corporations Opivision of Corporatio

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, RONALD C. HORMES	, hereby resign as PRESIDENT
1	(Title)
of CERTIFIED APPRAISE	ERS, INC.
	(Name of Corporation)
L35406	a corporation organized under the laws of the State of
· (Document Number, if know	n)
FLORIDA	



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

SEGRETARY OF STATE TALLAHASSEE, FLORIDA