M52894

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------------|
| (Ad | ldress) | |
| | ldress) | |
| (Cit | ty/State/Zip/Phone | = #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| , | , | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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Old Resign.

6-3-09

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COVER LETTER

Amendment Section Division of Corporations

TO:

| SUBJECT: B.F. PAINTING COND FINISH INC (Name of Corporation) |
|--|
| DOCUMENT NUMBER: M 52894 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| BRUCE FICHTER (Name of Person) |
| B.F. PAINTING and FINISH INC (Name of Firm/Company) |
| 4177 NW 64 Ave (Address) |
| CORAC SPRINGS, FZ 33067 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| BRUCE Funtel at (994) 415-2056 (Name of Person) at (994) 415-2056 (Area Code & Daytime Telephone Number) |
| Enclosed is a check for \$35.00 made navable to the Florida Department of State |

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, | ERICA | Fighter | <u> </u> | _, hereby resign | as VICE | Preside (Tid | e). | ector |
|-------------|-----------------------|-----------------|----------------|---------------------|----------------|--------------|------------------------------------|-------|
| of_ | B.F. PA | 71WHNS (Name | of Corporation | FNISh |), In | یر. | , | , |
| | M528 (Document Num | | , a corpor | ration organized | d under the la | aws of the | State of | |
| | FIORId | A | . | | | | | |
| | | | | | | • | 960 - SE | |
| | | E | iea | 4. | te | , | 09 MAY 28 SEURETAR ALL AHASS | |
| | - | (9 | Signature of i | resigning officer/d | lirector) | | FF.FT. STA | |
| | | | | | | | | |

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