

M 81409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

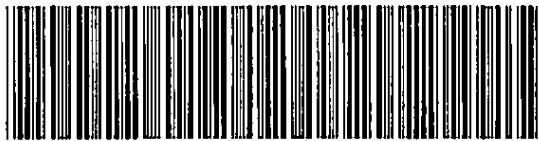
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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Office Use Only

1/2 Resign

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Stephen m. Rende Roofing, Inc.
(Name of Corporation)

DOCUMENT NUMBER: M 81409

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

Please return all correspondence concerning this matter to the following:

Stephen m Rende
(Name of Person)

Stephen m Rende Roofing Inc
(Name of Firm/Company)

P.O Box 303
(Address)

Paradise, MT 59856
(City/State and Zip Code)

For further information concerning this matter, please call:

Stephen m Rende at (386) 439-7156
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MARQUETTE Rende, hereby resign as Secretary
(Title)

of Stephen M. Rende Roofing, Inc.
(Name of Corporation)

M 81409, a corporation organized under the laws of the State of
(Document Number, if known) FLORIDA

Marquette Rende
(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

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