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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMIT[illegible] LETTER

TO: Amendment Section
Division of Corporations

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TALLAHASSEE, FLORIDA

SUBJECT: FLOORMASTER [illegible]RKS, INC.
(Name of [illegible]tion)

DOCUMENT NUMBER: P00000[illegible]C09T

The enclosed Officer/Director Resignation for a Corp[illegible] and fee are submitted for filing.

Please return all correspondence concerning this matt[illegible] following:

BARRY ELIOVITZ
(Name of Person)

FLOORMASTER WORKS,
(Name of Firm/Company)

7040 W. PALMETTO [illegible] K RD #4-298
(Address)

BOCA RATON, FLORIDA [illegible]33
(City State and Zip Code)

For further information concerning this matter, please c[illegible]

BARRY ELIOVITZ at (56[illegible] 393-0625
(Name of Person) (Area [illegible] Daytime Telephone Number)

Enclosed is a check for $35.00 made payable to the Flo[illegible]artment of State.

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

Street Address:
Amendment Secti[illegible]
Division of Corpor[illegible]
409 E. Gaines Stre[illegible]
Tallahassee, FL 3[illegible]

CR2E044(11-02)

OFFICER / DIREC[illegible] RESIGNATION
FOR A CO[illegible]RATION

I, BARRY GLICKITZ, hereby resign as DIRECTOR/SECRETARY
(Title)

of FLOORMASTER WOR[illegible] INC.
(Name of Corporat[illegible])

P00000041097, a corpo[illegible]ganized under the laws of the State of
(Document Number, if known)

FLOORIDA.

B. Glickitz
(Signature of [illegible]officer/director)

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TALLAHASSEE, FLORIDA

FILING FE[illegible]5.00

Make checks payable to Florida [illegible]nent of State and mail to:

Amendme[illegible]
Division of C[illegible]ns
P.O. Bo[illegible]
Tallahassee, F[illegible]314