

PO000000047874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

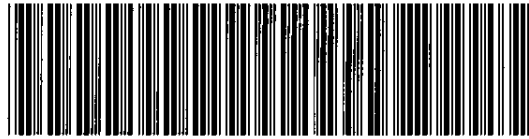
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR 11 AM 10:23

DD/Res
@ 4.15.11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: And Arends Windows, Inc
(Name of Corporation)

DOCUMENT NUMBER: P000000 47874

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

Please return all correspondence concerning this matter to the following:

Michaelene Arends
(Name of Person)

Thomas Arends Windows, Inc
(Name of Firm/Company)

16930 Nelson Rd
(Address)

Spring Hill, FL 34610
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas Arends at (727) 992-3722
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Michaelene Arends, hereby resign as TSVD
(Title)

of Thomas Arends Windows, Inc
(Name of Corporation)

P000000 47874, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.

Michaelene Arends
(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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