

P00000062869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

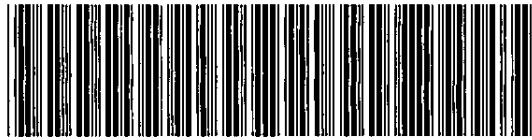
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TALLAHASSEE, FLORIDA

OLD Resign.
03/12/08
Dc

COVER LETTER

TO: Amendment Section
Division of Corporations

MARCH 4, 2008

SUBJECT: Stormshield Protection Corp.
(Name of Corporation)

DOCUMENT NUMBER: P000 00062869

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

Please return all correspondence concerning this matter to the following:

FLOYD B. WILDER
(Name of Person)

STORMSHIELD PROTECTION CORP.
(Name of Firm/Company)

3550 23RD AVE S.
(Address)

LAKE WORTH FLORIDA 33461
(City/State and Zip Code)

For further information concerning this matter, please call:

FLOYD WILDER at (561) 503-1012
(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, FLOYD O. WILDE III, hereby resign as VICE PRES
(Title)

of STORMSHIELD PROTECTION CORPORATION
(Name of Corporation)

P00000062869, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(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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