(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





000138350530

12/03/08--01021--010 \*\*35.00

## **COVER LETTER**

SUBJECT: MILL WOODSMALL CONSTRUCTION, LNC (Name of Corporation)
DOCUMENT NUMBER: <u>P000000 91816</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
William 1= WOODSMACE (Name of Person)
(Name of Firm/Company)
3185 DEGATTA CIRCLE (Address)
SAIAS OTA, FLUE LOA 3 (123) (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (941) 922-1219 (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

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, DAVID TAYLOR	CROWE	, hereby resign as_	SUPERVI (Ti	Sol (tle)	-
of Will Warn	(MALL DIN (Name of Corpor	ation)	tal	,	
Pooooo 91816 (Document Number, if kn	, a corp	ooration organized ur	der the laws of the	: State of	
FLORIDA	•		·		
	Signature	of resigning officer/direct	etor)	2008 DEC -3 PN 4: 3	

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