

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Ćit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
		•
-		

Office Use Only



100272592731

05/07/15--01010--024 \*\*70.00

15 BAY -7 EN 3: 04
SHOWN AND SEEL FLORIDA

010 PGS

MAY 13 2015

R. WHITE

## TRANSMITTAL LETTER

SUBJECT: Dixie Roofing & Stucco inc (Name of Corporation)  DOCUMENT NUMBER: POOOOOIO8046
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 Conduin (Name of Person)
Dixe Recting & Stucco inc (Name of Firm/Company)
PO Box 10331 (Address)
Bnolesville F1 34603 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (352) 584-1442 (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
2661 Executive Center Circle
Tallahassee, FL 32301

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

TO:

Amendment Section
Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, LAW RENCE Smith, hereby resign as UP	•
	(Title)
of Dixie Rooting & Stocco inc (Name of Corporation)	•
(Document Number, if known) a corporation organized under the laws of	of the State of
Florida	
(Signature of fesigning officer/director)	······································
	A A A
FILING FEE IS \$35.00	
Make checks payable to Florida Department of State and mail	. (CRU) မှ (to: (M) ငြ

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314