

P 01000001774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

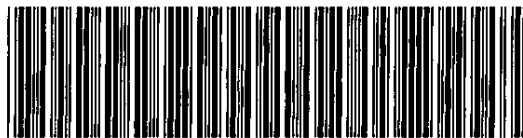
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
06 JUN -7 AM 10:13

O/O Resign.

06/14/06

De

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ABRAMS FLOOR COVERING, INC.
(Name of Corporation)

DOCUMENT NUMBER: PO1000001774

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

Please return all correspondence concerning this matter to the following:

SHAWN ABRAMS
(Name of Person)

ABRAMS FLOOR COVERING, INC.
(Name of Firm/Company)

1217 N. DIXIE HIGHWAY
(Address)

LAKE WORTH, FL 33460
(City/State and Zip Code)

For further information concerning this matter, please call:

SHAWN ABRAMS at (561) 582-5005
(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, ZETTA ABRAMS, hereby resign as Sec. / Treas.
(Title)
of ABRAMS FLOOR COVERING, INC.
(Name of Corporation)
P01000001774, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Zetta Abrams
(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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