P01000017558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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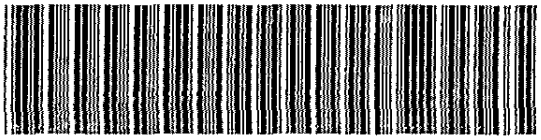

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Resignation of Officer

01/28/05--01040--006 **35.00

FILED
05 JAN 28 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOR
2/1/05

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Quality Hurricane Protection, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P01000017558

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

Please return all correspondence concerning this matter to the following:

Alfred P. Rossi
(Name of Person)

Quality Hurricane Protection Inc.
(Name of Firm/Company)

711 Commerse Way Ste. 4
(Address)

Jupiter, Fl 33458
(City/State and Zip Code)

For further information concerning this matter, please call:

Tina McDonald at (561) 745-1767
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

CR2E044(11/02)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED
05 JAN 28 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Alfred P. Rossi, hereby resign as President (Title)

of Quality Hurricane Protection, Inc. (Name of Corporation),

P01000017558 (Document Number, if known), a corporation organized under the laws of the State of Florida.

A. Rossi
(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