P01000027347

(Re	equestor's Name)	
(Ad	ddress)	
(Address)		
(C	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL .
		•
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of	Status
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TRANSMITTAL LETTER

SUBJECT: Officer Resignation
(Name of Corporation)
DOCUMENT NUMBER: P01000027347
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Modesto Garcia
(Name of Person)
Father Son Shutters, Inc. (Name of Person) (Name of Firm/Company)
(Name of Firm/Company)
3314 McKinley Street
(Address)
Hollywood, FL 33021
(City/State and Zip Code)
For further information concerning this matter, please call:
at () (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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, Alexander Garcia	, hereby resign as Vice President
\	(Title)
of Father 🐉 Son Shutters	, Inc.
(Name of Corporation	on)
P01000027347 (Document Number, if known), a corpor	ration organized under the laws of the State of
Florida	

FILING FEE IS \$35.00

(Signature of resigning officer/director)

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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