

P01000030331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

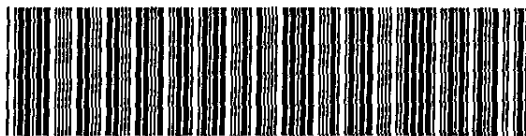
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2/13/04

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WILLIAMS SPRAY TEXTURES, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P01000030331

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

Please return all correspondence concerning this matter to the following:

DEBORAH WILLIAMS

(Name of Person)

WILLIAMS SPRAY TEXTURES, INC.

(Name of Firm/Company)

3435 GRANT RD

(Address)

GRANT, FLORIDA 32949

(City/State and Zip Code)

For further information concerning this matter, please call:

DEBORAH WILLIAMS

(Name of Person)

at ( 321 ) 729-8182

(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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, CHRISTOPHER BOHNSACK, hereby resign as DIRECTOR  
(Title)

of WILLIAMS SPRAY TEXTURES, INC.  
(Name of Corporation)

P01000030331, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

FILED  
04 FEB -9 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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