PO10000 44394

(Requestor's Name) (Address)	500299412055
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL	06/05/1701028022 **490.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 17 JUN -5 FH 3: 57 SECRITARIASSEE, FLORDA JUN 0 7 2017 S. YOUNG

Office Use Only

TRANSMITTAL LETTER

SUBJECT: SOLID WALL SYSTEMS, INC.

(Name of Corporation)

DOCUMENT NUMBER: P01000044394

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

FABIOLA SANTIAGO

(Name of Person)

PRINCE CPA GROUP

(Name of Firm/Company)

9161 NARCOOSSEE RD. STE 202

(Address)

For further information concerning this matter, please call:

(City/State and Zip Code)

ORLANDO, FL 32827

FABIOLA SANTIAGO
(Name of Person)

(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

TO:

Amendment Section Division of Corporations

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

R, hereby resign as DVP(Title)
ΓEMS, INC. of Corporation)
_, a corporation organized under the laws of the State of
<u></u> .
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