

PO1000051650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☒ MAIL

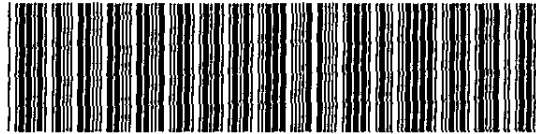
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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800028813678

*Resignation of
Officer*

03/17/04--01037--024 **35.00

FILED
04 MAR 17 PM 5:00
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

FILED
04 MAR 17 PM 1:01
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

MPR
3/17/04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ABSOLUTE QUALITY ROOFING & REPAIRS INC.

(Name of Corporation)

DOCUMENT NUMBER: P01000051650

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

Please return all correspondence concerning this matter to the following:

DON GUILFORD

(Name of Person)

ABSOLUTE QUALITY ROOFING & REPAIRS INC

(Name of Firm/Company)

P.O. BOX 5869

(Address)

TALLAHASSEE FL 32314

(City/State and Zip Code)

For further information concerning this matter, please call:

DON GUILFORD

(Name of Person)

at (850) 508-3348

(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**

FILED
04 MAR 17 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, JOSHUA D. BOBST, hereby resign as VICE PRESIDENT
(Title)

of ABSOLUTE QUALITY ROOFING & REPAIRS, INC.
(Name of Corporation)

P01000051650, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA



(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