P01000076997

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(crystallian)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status,
Special Instructions to Filing Officer:



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Schrox Rosignation

Office Use Only

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: FIRST Class Home Inspections Inc (Name of Corporation) DOCUMENT NUMBER: POLOGOO 76997
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Thomas D. Reishus (Name of Person)
First Class Home Inspections Inc
11266 W. Husborough ave # 220
Tampa +1 33635 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (813) 545-2986 (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

of First Class Home Inspections, Inc., (Name of Corporation) Polono 1, a corporation organized under the laws of the State of Document Number, if known)

(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

STATE OF FLORIDA COUNTY OF Pinal Control of the foregoing Instrument was acknowledged before me this
day of O (+) you've by
Thomas Kil Shippo is personally known to me or who
has produced FLOL RAJE SAY-Chaylor as
Identification and who did/did not take an oath. X 7 / le 05
Imm sind con
Signature of Notary



Amy Singleton

MY COMMISSION # DD113346 EXPIRES

June 30, 2006

BONDED THRU TROY FAIN INSURANCE, INC.