

PO1000088944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP      ☐ WAIT      ☐ MAIL

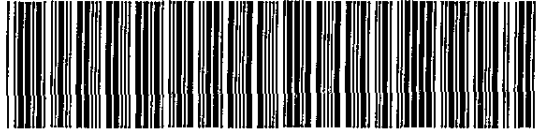
(Business Entity Name)

(Document Number)

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2-21-03

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Illusions Tile Inc  
(Name of Corporation)

DOCUMENT NUMBER: 901000088944

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

Please return all correspondence concerning this matter to the following:

José - M. Hernandez  
(Name of Person)

Illusions Tile Inc.  
(Name of Firm/Company)

749 Talledega Street  
(Address)

W. Palm Beach, FL 33405  
(City/State and Zip Code)

For further information concerning this matter, please call:

Roberto Buffi at ( 561 ) 254-9275  
(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

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Roberto Buffa, hereby resign as VO (Title)

of TLLusions Tile Inc  
(Name of Corporation)

PO1000088944, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida



(Signature of resigning officer/director)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 FEB 21 PM 2:04

**FILED**

**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