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(R	equestor's Name)	. <u>-</u> -
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #])
☐ PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	1
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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STATE OF CASE OF CASE



TRANSMITTAL LETTER



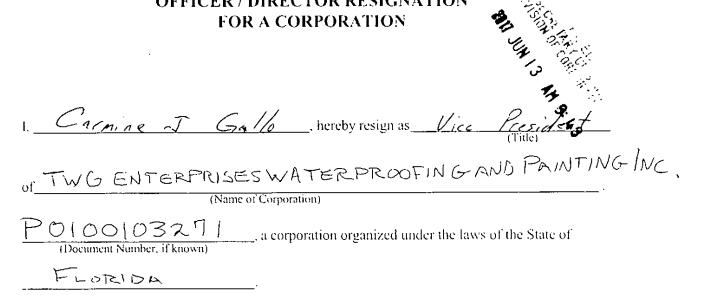
TO: Amendment Section Division of Corporations

SUBJECT: TW (- ENTERPRISES WATER PROOFING PAND PAINTING
(Name of Corporation)
DOCUMENT NUMBER: PO 100103271
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
TU/GENTERPRISES WATERPROOFING AND PAINTING ING (Name of Firm/Company)
65 SE 1ST AVE SUITE G
DELRAY BEACH, FL 334-44 (City/State and Zip Code)
For further information concerning this matter, please call:
TODD W GALLO at (561), 276 \$ 440 (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 2661 Executive Center Circle Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION



(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