P01000112483

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

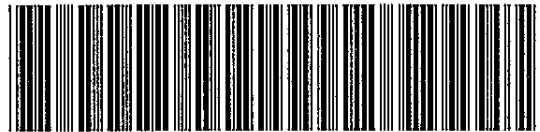☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

OD Res
(1a, 3/19/04

FILED
04 MAR 15 PM 1: 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: _Alarmist Incorporated_
(Name of Corporation)

DOCUMENT NUMBER: _P 01000112483_

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

Please return all correspondence concerning this matter to the following:

Stephe Carlson
(Name of Person)

Alarmist Incorporated
(Name of Firm/Company)

4190 7th Ave NW
(Address)

Naples FL 34119
(City/State and Zip Code)

For further information concerning this matter, please call:

Stephen Carlson at (_239_) _945 - 8858_
(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

CR2E044(11/02)

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, _Stephen Carlson_, hereby resign as _Vice President_
                                                        (Title)

of_____ _Alarmist Incorporated_ _____,
              (Name of Corporation)

_Po1000112483_____, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

Stephen Carlson
(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