P02000009640

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
	•	
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Certified Copies	Certificates	o or Status
Special Instructions to	Filing Officer:	
	\	
	•	

Office Use Only



200118302112

02/26/08--01004--015 **35.00

Tor/Die Resign

OB FEB 26 PM IZ: 3

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: CLOVERS ART CORPOARTAITON
(Name of Corporation)
DOCUMENT NUMBER: P02000009640
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
JOSEPH P ANDY JR
(Name of Person)
CLOVER ART CORPOARTAITON
(Name of Firm/Company)
12075 NW 39TH STREET
(Address)
CORAL SPRINGS, FL 33065
(City/State and Zip Code)
For further information concerning this matter, please call:
JOSEPH P ANDY JR (Name of Person) at (954) 553-1625 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35,00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

08 FEB 26 PH 12: 33

TALLAHASSEE, FLORIDA

NT

JOSEPH P ANDY JR	, hereby resign as_	PRESIDENT	LE, FLORI
*	,,	(Title)	
of CLOVER'S ART CORPOARTA	ITON		
(Name e	of Corporation)		
P02000009640	, 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