

P020000032577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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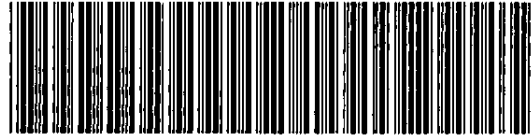
(Business Entity Name)

(Document Number)

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Mr / Mr / Mrs

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

THP-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Able Home Services, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P02000032577

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

Please return all correspondence concerning this matter to the following:

Danny McLemore

(Name of Person)

Able Home Services, Inc.

(Name of Firm/Company)

8538 Rhoda Rd.

(Address)

Panama City, FL. 32404

(City/State and Zip Code)

For further information concerning this matter, please call:

Willis McLemore

(Name of Person)

at (850) 522-7000

(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

11 OCT -5 PM 4:08

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

I, Danny McLemore, hereby resign as v/s _____
(Title)

of Able Home Services, Inc , _____
(Name of Corporation)

P02000032577 _____ 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