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2008 OCT 24 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

officer Resignation

TB

10/19/08

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Florida's Tub Doctor Inc.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Diane Yudenfriend  
\_\_\_\_\_

(Name of Person)

Florida's Tub Doctor Inc.  
\_\_\_\_\_

(Name of Firm/Company)

23401 Olde Meadowbrook Cir.  
\_\_\_\_\_

(Address)

Bonita Springs FL 34134  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

Fred Yudenfriend  
\_\_\_\_\_

(Name of Person)

at ( 828 ) 683-3084

(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**  
2008 OCT 24 PM 12:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Diane Yudenfriend, hereby resign as Secratery  
(Title)

of Florida's Tub Dcotor, Incorporated,  
(Name of Corporation)

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

\_\_\_\_\_.

Diane Yudenfriend  
(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