(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

4,23,05



800160231968

09/22/09--01007--008 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: A Plus Restorations, INC. (Name of Corporation)
DOCUMENT NUMBER: <u>P02000058263</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
PouGlas AIRD (Name of Person)
(Name of Firm/Company)
2615 5W29WAY (Address)
FORT LAVO Fl. 33312 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (954) 914 - 1068 (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
Post Office Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, DOUGLAS AIRO, hereby	resign as PRESIDENT, SECRETARY
of A Plus Restorations (Name of Corporation)	INC.
PO20000 5826 Acorporation or (Document Number, if known)	ganized under the laws of the State of
Florion.	2009 SE SECRE
	2009 SEP 22 AM SECRETARY OF FALLAHASSEE. F
(Signature of resigning	

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