26733000056732

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
	Office Use Only
Aficer	Resignation



02/21/05--01020--007 **35.00

FILED 05 FEB 19 AMIO: 40 SECRETARY OF STATE

T BROWN FEB 2 5 2005

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

FL DOR & Trim/Millwork Co, Inc. (Name of Corporation) SUBJECT 32 **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:

Eileen Lewis (Name of Person)

(Name of Firm/Company) Address HL 330 amar (City/State and Zip Code)

For further information concerning this matter, please call:

ileen Lewis at $\frac{1}{100} \frac{1}{600} \frac{5}{8} \frac{1}{2} \frac{1}{2} \frac{1}{100} \frac{1}{100}$

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)

FILED 05 FEB 19 AM 10: 40 **OFFICER / DIRECTOR RESIGNATION** FOR A CORPORATION ew S Ĭ. hereby resign as ĩm (Name of Corporation a corporation organized under the laws of the State of Document lorida F

ĉ (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 Tallabassee, Florida 32314