## PO200019539

(Re	equestor's Name)				
. (Ad	dress)	.*			
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(Cit	ty/State/Zip/Phone #	<i>f</i> )			
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(Bu	isiness Entity Name	e)			
(Document Number)					
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SECRETARY OF STATE
TALLAHASSEE FLORIDA



## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: BEIZEAN BREEZE Storm Shutters Mfg., INC. (Name of Corporation)
DOCUMENT NUMBER: P02000079539
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
AUDRA VERNON (Name of Person)
(Name of Firm/Company)
1530 S.W. 37 <sup>th</sup> AVE (Address)
FT. LAUDERDALE, FL 33312 (City/State and Zip Code)
For further information concerning this matter, please call:
AUDRA VERNON at (954) 701-2166 (Name of Person) at (954) Tol-2166 (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

I,	AUDRA	VERNO	N	, hereby resign	as	AN O	FFIC	CER	
				_			(Title)		
of	Bela	-ZEAN	BREEZ Name of Corpora	E Storm	Sh	uHER	MF	, <u>I</u>	- <u>.</u> NÇ
P	(Document Nun	19539 nber, if known)	, a corp	oration organized	under t	he laws of	the State	e of	
	Florid	.A	·						
			1	/ //			TALL	07	
	-		(Signature o	f resigning officer/di	no- rector)	n	RETARY AHASSEL	AUG 27	П
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							FL ST	AM II:	Ö
							ATE	<del> </del> :  9	

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