P0200080993

(I	Requestor's Name)
(/	Address)	
(/	Address)	·
(0	City/State/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
(E	Business Entity Na	me)
	Document Number)
Certified Copies	Certificate	s of Status
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resignation Officer.

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TRANSMITTAL LETTER

SUBJECT: PRORTHO CENTRAL FAB, INC. (Name of Corporation)
DOCUMENT NUMBER: PO 20000 80993
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
KIMBLE W. DANFORTH (Name of Person)
(Name of Firm/Company)
2517 PFZPPFZMILL BLVD. (Address)
ORUANDO, FLORIDA 32837 (City/State and Zip Code)
For further information concerning this matter, please call:
KIMBLE W. DANIFORTH at (407) 619-0092 (Name of Person) (Area Code & Daytime Telephone Number)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section Division of Corporations

TO:

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

OFFICER / DIRECTOR RESIGNATION 03 JN 19 PM 12: 34 I, KIMBUE W. DANFORTH , hereby resign as PRESIDENT (Title) of PRORTHO CENTRAL FAR , INC. (Name of Corporation) PO200080993 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, Fiorida 32314