P03000000073

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	5 #1
(Cit	ty/State/Zip/P110fit	= ++)
PICK-UP	TIAW	MAIL
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Certified Copies Certificates of Status		
Special Instructions to	Filina Officer:	
		<u>.</u>

Office Use Only



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12/15/08--01048--011 **35.00

officer Resignation

COVER LETTER

SUBJECT: ACME EQUIPMENT COMPANY (Name of Corporation)		
DOCUMENT NUMBER: $\rho_{366060073}$		
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
VICTORIA SHAPPELL (Name of Person)		
ACME EQUIPMENT COMPANY (Name of Firm/Company)		
1032 CONCERT AVE		
SPRING HILL FL 34609 (City/State and Zip Code)		
For further information concerning this matter, please call:		
VICTORIA SHAPPELL at (252) 688 3404 (Name of Person) (Area Code & Daytime Telephone Number)		

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

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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION ASSESSED AND STREAM OF THE ASSESSED AND STREAM OF TH

FILING FEE IS \$35.00

(Signature of resign ng officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314