## P03000008427

| (Requestor's Name)                                    |
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| (Address)   |
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| (City/State/Zip/Phone #)                              |
| PICK-UP WAIT MAIL                                     |
|   |
| (Business Entity Name)                                |
|   |
| (Document Number)                                     |
| Certified Copies Certificates of Status               |
|   |
| Special Instructions to Filing Officer:               |
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## TRANSMITTAL LETTER

| Division of Corporations   |
|--|
| SUBJECT: A Septic Man, Inc.  |
| (Name of Corporation)  |
| DOCUMENT NUMBER: P03000008427  |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:  |
| Morgan Tharpe, III   |
| (Name of Person)   |
| A Septic Man, Inc.   |
| (Name of Firm/Company)   |
| 3565 NW 80 Terrace   |
| (Address)  |
| Miami, Florida 33147   |
| (City/State and Zip Code)  |
| For further information concerning this matter, please call:   |
| Morgan Tharpe, III  (Name of Person)  at (786)  (Area Code & Daytime Telephone Number)   |
| (Name of Person) (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 P.O. Box 6327 Tallahassee, FL 32314  Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 |

TO: Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, Morgan Tharpe, III                            | , hereby resign as | Secretary/ Treasurer (Title)  |  |
|--|--------------------|---|--|
| of A Septic Man, Inc                             | me of Corporation) | · · · · · · · · · · · · · · · · · · ·                                 |  |
| P03000008427 (Document Number, if known) Florida | •                  | os AN 20 AM 11: 49  Mer the laws of the State of STATI  MASSEE, FLORI |  |
| Wa   | ~ 1/20,00          | 5 m   |  |

(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, Florida 32314