P03000009550

(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
Bu	siness Entity Nar	ne)
(= 4.	omeoo zmaty ttan	,
(Do	cument Number)	
(55		
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
		I

Office Use Only



400062306804

12/23/45 -01032 -014 **35.00

OS DEC 23 AM IO: 22
SEUREJARY OF STATE
ALL AHASSEF FLOREIC

O Crains

COVER LETTER

SUBJECT: Custom Equipment Specialists, INC
DOCUMENT NUMBER: 70300009550
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert Waller (Name of Person)
Custom Equipment Specialists, Iwc
2254 MASSARO Blud
TAMPA FL 33619 (City/State and Zip Code)
For further information concerning this matter, please call:
Robert Waler at (813) 628-9090 (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

Amendment Section Division of Corporations

TO:

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Florida.	
Florida.	
(Document Number, if known), a corporation organized under the laws of the	ne State of
of Custom Equipment Specialists Il	IC, ,

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

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