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(Req	uestor's Name)	<u></u>
(Add	ress)	·
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Certified Copies	Certificates	of Status
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TALLATASSEE, FLORID,

TRANSMITTAL LETTER

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' TO: Amendment Section Division of Corporations

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SUBJECT: <u>A Plos Home IN Spections</u>, INC. (Name of Corporation) DOCUMENT NUMBER: <u>PO 3000026736</u>

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAime ColAo (Name of Person)

A PLOS Home INSPECTIONS, INC. (Name of Firm/Company)

10900 Sw 91 Steet (Address)

Mitmi, FL 33176-1213 (City/State and Zip Code)

For further information concerning this matter, please call:

<u>JAIME COIAO</u> (Name of Person) at (<u>305</u>) <u>595-006</u> 3 (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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ANTONIO PRISCAL, hereby resign as Director (Title) L A PLUS Home INSPECTIONS, INC. (Name of Corporation) oſ ___, a corporation organized under the laws of the State of (Document Number, if known) FLORICA 04 JAN 20 AN II: 4 Signature of resigning officer/director) LED LORID/ 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