

P03000029097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

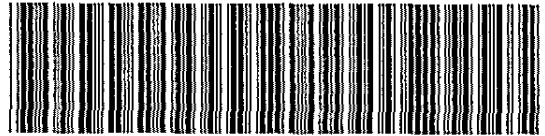
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200091775912

03/09/07--01018--011 **35.00

CLERK OF STATE
TALLAHASSEE, FLORIDA

07 MAR -9 PM 3:15

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Restorations Of The Palm Beaches, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P03000029097

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

Please return all correspondence concerning this matter to the following:

Mr. Bobby G. Compton

(Name of Person)

Restorations Of The Palm Beaches, Inc.

(Name of Firm/Company)

11780 US HWY #1, STE 300

(Address)

North Palm Beach, FL 33408

(City/State and Zip Code)

For further information concerning this matter, please call:

Bobby G. Compton

(Name of Person)

at (561) 741-0625
(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

Mailing Address:

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**


FILED
07 MAR -9 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Mr. Bobby G. Compton, hereby resign as Vice President
(Title)

of Restorations Of The Palm Beaches, Inc.
(Name of Corporation)

P03000029097, 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, Florida 32314