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(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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Certified Coples	Certificates	of Status		
Special Instructions to	Filing Officer:			
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DIVISION OF CORPORATIONS

0/D Resign. 1/9/03 DC

## TRANSMITTAL LETTER

Division of Corporations

SUBJECT: WAYNE Rogers Framing Inc.

Mayne of Corporation)

DOCUMENT NUMBER: PO 30 000 3073 7

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

Please return all correspondence concerning this matter to the following:

Wayne Rogers (Name of Person)

Wayne Rogers (Name of Firm/Company)

JOSO STATE ROAD 46

(Address)

Geneva (L 32732

(City/State and Zip Code)

For further information concerning this matter, please call:

Wayne Rogers at (407) 832-9494

(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

TO:

Amendment Section

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

l,	Douglas McNeff, hereby resign a	as <i>S</i>	ecretari	<del>}</del>	<del></del> .
of	Wayne Rogers Framing Ir	nc.	<u>.</u>	. <i>.</i>	_,
<u> P</u>	(Document Number, if known) a corporation organized to	under the	laws of the Stat	e of	
	FLORIDA				
	(Signature of resigning officer/dir	rector		2004 JAN -5 PM 3: 1	SECRETARY OF STATE DIVISION OF CORPORATION

## 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