P0300045842

(Re	equestor's Name)		
(Address)			
(Ao	ldress)		
(Cit	ty/State/Zip/Phone	= #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
·			

Office Use Only



000185371910

11/04/10--01027--001 **70.00

SECRETARY OF STATE TALL AHASSEE FLORID

DRC5

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: TODAY'S SIGNS
(Name of Corporation)
DOCUMENT NUMBER: P03000045842
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filin
Please return all correspondence concerning this matter to the following:
MICHAEL SILVERI
(Name of Person)
TODAY'S SIGNS
(Name of Firm/Company)
1440 N. POWERLINE ROAD
(Address)
POMPANO BEACH, FL 33069
(City/State and Zip Code)
For further information concerning this matter, please call:
STEVE WEISS at (954) 899-1871 (Name of Person) (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.
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

I, MIKE SILVERI		, hereby resign as DIRECTOR (Title)	
,		(Title)	
of_TODAY	'S SIGNS		
	(Na	me of Corporation)	
P03000045	5842 nent Number, if known)	, a corporation organized under the laws of the State of	
FLORIDA			
	***************************************	(Signature of resigning officer/director)	
		(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