

PO3000053150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

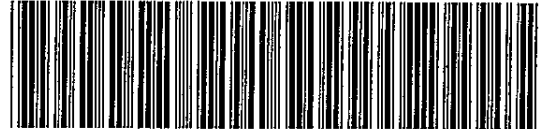
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ALL SOUTHERN WINDOWS & DOORS, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P03000053150

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

Please return all correspondence concerning this matter to the following:

SALLEH, JOY

(Name of Person)

ALL SOUTHERN WINDOWS & DOORS, INC.

(Name of Firm/Company)

16401 N. MIAMI AVE.

(Address)

N. MIAMI BCH FL 33169

(City/State and Zip Code)

For further information concerning this matter, please call:

SALLEH, JOY

(Name of Person)

at ( 954 ) 445-8527

(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

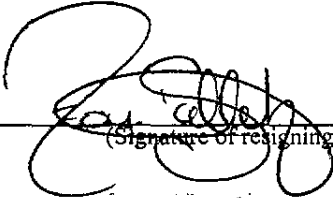
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, SALLEH, JOY, hereby resign as VS  
(Title)

of ALL SOUTHERN WINDOWS & DOORS, INC.  
(Name of Corporation)

P03000053150, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**FILED**  
04 JUN 17 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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