P03000059857

•		
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	·	

Office Use Only



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Off Resign

10/26/07--01009--008 **35.00



COVER LETTER

SUBJECT: Full Access Storage Inc.
(Name of Corporation)

DOCUMENT NUMBER: POSODOS 985 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:

KATHY JONES
(Name of Person)

FULL Access Storage Inc.
(Name of Firm/Company)

1072 S. POWELINE ROPD
(Address)

DEERFIELD BOCH FL 33442
(City/State and Zip Code)

For further information concerning this matter, please call:

KATHY JONES

at (954) 481-3421
(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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Clifton Building Post Office Box 6327 2661 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I, REBECCA J. LAZERSON, hereby resign as SECRETIARY
(Title)
of FULL ACCESS STORAGE, INC. (Name of Corporation)
P0300059857 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