10300085769

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	≥ #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

..1





700033434917

04/26/04--01069--017 **35.00

OLAPR 26 PHI2: 19

Ps 5/3/04 Ros

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: RESIDENTIAL CASHUG SYSTEMS (Name of Corporation) DOCUMENT NUMBER: PO30000 85764
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
(Name of Person)
RESIDENTIAL CABING SYSTEMS (Name of Firm/Company)
6850 Green Swamp RD (Address)
Clermont, Fl 34711 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (321) 229-1952 (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 FILED FOR A CORPORATION

04 APR 26 PM 12: 19

ALLAHASSEE FLORIDA

1. GerAID RYAN T	homas, hereby resign as 11/1 e president
OF RESIDENTIAL CARI	-ING-SYSTEMS, Inc.,
(Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	

Month Community (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