P03000092412

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

officer Resignation

Office Use Only

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TRANSMITTAL LETTER

| Division of Corporations | | |
|--|-----|--|
| SUBJECT: Waldron Custom Tile, Inc. (Name of Corporation) | | ····, |
| DOCUMENT NUMBER: | | |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. | | • |
| Please return all correspondence concerning this matter to the following: | | |
| John Waldron (Name of Person) | ٠. | ; |
| Waldron Custom Tile, Inc. (Name of Firm/Company) | | |
| 494 South Atlantic Ave. Apt 206 (Address) | - | , ,,,, , |
| Cocoa Beach, F1. 32931 (City/State and Zip Code) | 4 x | ਨ ਮੁ ਤ - ਮੁਕਤਮ |
| For further information concerning this matter, please call: | , | |
| Sabo Basic at (407) 415-4852 (Name of Person) (Area Code & Daytime Telephone Number) | | ارس د احد د کشتر <u>را ها ما منځ</u> در را <u>ن</u> |
| Enclosed is a check for \$35.00 made payable to the Florida Department of State. | | |
| Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399 | | |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



| I Sabahudin Ahmetbasic | , hereby resign as Vive President/S (Title) |
|-----------------------------|--|
| | (Title) |
| | • |
| of Waldron Custom Tile Inc. | |
| (Name of Cor | poration) |
| (Document Number, if known) | corporation organized under the laws of the State of |
| 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