

P03 000098773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

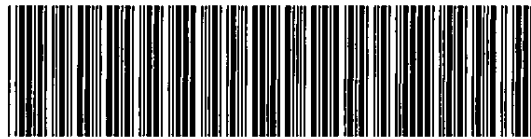
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JAN -7 AM 8:56

FILED

Officer Resign
C. J. Murphy
1/29/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DAVIS Crane Safety Insp & Repair
(Name of Corporation)

DOCUMENT NUMBER: P03000098773

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

Please return all correspondence concerning this matter to the following:

Lisa Davis

(Name of Person)

DAVIS Crane Safety Insp & Repair
(Name of Firm/Company)

246 SW 43 Terrace

(Address)

Cape Coral, FL 33914

(City/State and Zip Code)

For further information concerning this matter, please call:

Leon Davis

(Name of Person)

at (239) 898-1049

(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, Lisa Davis, hereby resign as President
(Title)

of Davis Crane Safety Inspection inc.
(Name of Corporation)

P03000098773, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

Lisa Davis
(Signature of resigning officer/director)

08 JAN - 7 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



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