## P03000103508

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	<del>e</del> #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			

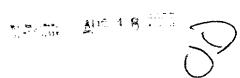
Office Use Only



200058518012

09/15/05--010/1--011 \*\*35.00

FILED 05 AUG 15 AN 9:51 SECRETARY OF STATE TALLAHASSEE FLORIDA



## TRANSMITTAL LETTER

SUBJECT:	CURB APPEAL INNOVATIONS, INC		
	(Name of Corporation)		
DOCUMENT NUMBER:_	P03000103508		
The enclosed Officer/Director	r Resignation for a Corporation and fee are submitted for filing		
Please return all corresponder	nce concerning this matter to the following:		
CHONA	VELLA		
(Name	of Person)		
CURB APPEAL	INNOVATIONS, INC		
(Name of F	irm/Company)		
2659 OLEANDE	R COURT		
(Ad	dress)		
PALM HARBOR			
(City/State	and Zip Code)		
For further information conce	erning this matter, please call:		
CHONA VELLA	at (727) 736-1242 (Area Code & Daytime Telephone Number)		
(Name of Perso	on) (Area Code & Daytime Telephone Number)		
Enclosed is a check for \$35.0	0 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		

TO: Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

L DAVID VELLA		, hereby resign as	PRESIDENT	
~ <del></del>			(Title)	
of		NOVATIONS, INC		,
	(Nan	ne of Corporation)		
	P03000103508 (Document Number, if known)	, a corporation organized und	ler the laws of the State of	
	FLORIDA			
	Ja	and Jella (Signature/of resigning officer/director	or)	
		FILING FEE IS \$35.00	OS AUG 15 AM SECRETARY OF S TALLAHASSEE FL	-
	Make checks payable	e to Florida Department of St	ate and mail to:DATE 5	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314