03000110879

(Re	equestor's Name)		
(Ac	ldress)		
		,	
(Ac	ldress)		
(Cir	ty/State/Zip/Phon	e #)	
PICK-UP	WAIT	MAIL	
(Bu	ısiness Entity Nar	me)	
(Do	cument Number)		_
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Eiling Officer	<u>.</u>	٦
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corp	
SUBJECT: Smooth S	
 -	(Name of Corporation)
DOCUMENT NUMBE	R:P03000110879
The enclosed Officer/Dir	rector Resignation for a Corporation and fee are submitted for filing.
Please return all correspond	ondence concerning this matter to the following:
Monique Lewis	
(N	ame of Person)
Smooth Solid Surface	es, inc.
(Name	of Firm/Company)
4677 Miranda Circle	•
	(Address)
Orlando, FL 32818	
(City/s	State and Zip Code)
For further information of	concerning this matter, please call:
Monique Lewis	Person) at (407) 470-3834 (Area Code & Daytime Telephone Number)
(Name of	Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$	335.00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Monique Lewis	, hereby resign as Vice President	
-7 -	• .	(Title)	
of	Smooth Solid Surfaces, Inc		_
-	(N	me of Corporation)	_ ′
P	03000110879	, a corporation organized under the laws of the State of	
	(Document Number, if known)		
FI	orida	·	

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