## P03000124455

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(Address)			
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(City/State/Zip/Phone #)			
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## TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUBJI	ECT: Tony Sanz Fiberglass Tub Repair, Inc.
	(Name of Corporation)
pocu	JMENT NUMBER: P03000124455
The en	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	return all correspondence concerning this matter to the following:
Anth	ony Sanz
	(Name of Person)
Tony	Sanz Fiberglass Tub Repair, Inc.
	(Name of Firm/Company)
5824	Whippoorwill Road
	(Address)
Tamp	pa, Florida 33625
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Antho	ony Sanz at (813 ) 963-2835  (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclos	sed is a check for \$35.00 made payable to the Florida Department of State.
Ameno Divisio P.O. B	diment Section Amendment Section on of Corporations ox 6327 August 52314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

O4 JUL -2 AM 9:30
TALLAHASSEE FLORIDA

, Patricia Sanz	, hereby resign as_	a Director
	, notesy 1001gh do	(Title)
of Tony Sanz Fiberglass Tub I	Repair, Inc.	
(Na	me of Corporation)	
P03000124455, a corporation organized under the laws of the State of (Document Number, if known)		
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