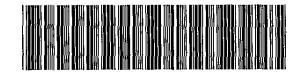
## P03000127868

	-	•
(Requ	iestor's Name)	
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(Addr	ess)	
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(City/	State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nam	ne)
		·
(Docu	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	iling Officer:	
<u> </u>		

Office Use Only



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## **COVER LETTER**

SUBJECT: Lee Powell Tile,		(Name of Corp	oration)				
DOCUMENT NUMBER:F	030001278	368		· -		<del></del>	4
The enclosed Officer/Director R	tesignation f	or a Corporati	on and fee	are submi	itted for f	iling.	
Please return all correspondence	concerning	this matter to	the follow	ing:			
Adam Powell							
(Name of	Person)			•	· ·	• •	
Lee Powell Tile, Inc.							
(Name of Firm	r/Company)			. **			• • • •
12751 NE 65th Street							
(Addre	ess)		<del></del> +			1	`
Williston, FL 32696							
(City/State and	d Zip Code)		<del></del> • .	•	•		are and
For further information concern	ing this mat	ter, please call	•				
Cindy Powell (Name of Person)	· · · · · · · · · · · · · · · · · · ·	_at (352 (Area Co	486-3 ode & Dayti	3930 me Teleph	one Numb	per)	e

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Amendment Section Division of Corporations

TO:

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

<sub>I.</sub> Adam Powell	, hereby resign as Sec/Trea			
	(Title)	_		
of Lee Powell Tile, Inc.				
(Nai	me of Corporation)	,		
P03000127868  (Document Number, if known)	, a corporation organized under the laws of the State of			
Florida	· · · · · · · · · · · · · · · · · · ·	r = − w voqual		

(Signature of resigning officer/director)

06 AUG 15 AN 11: 40

## 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