

P03000130644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

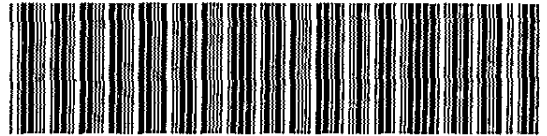
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700025785017

01/02/04--01029--012 \*\*35.00

FILED

04 JAN -2 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O/D Resign  
mm  
1/9/04

# *WEAVER & McCLENDON, PA*

*L A W   O F F I C E S*

*James M. Weaver \**  
*James C. McClendon II \**

*of counsel:*

*Timothy R. Wiseman, JD, CPA*

*\* ALSO ADMITTED IN GA*

December 31, 2003

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

*Re:   Simmons Carpet Technicians, Inc. / Officer/Director Resignation*

Dear Sir or Madam:

Enclosed please find the Transmittal Letter along with the Officer/Director Resignation for Simmons Carpet Technicians, Inc.

Also enclosed is our firm's check number 4752 in the amount of \$35.00 for filing the document.

If you have any questions, please feel free to call.

Sincerely,



Christie McCormick  
Legal Assistant

/cm

Enclosures

cc:   Simmons Carpet Technicians, Inc.

*f:\msword\_docs\corporate\david borders const\simmons carpet technicians\2 dofstate re amendments.doc*

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Simmons Carpet Technicians, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000130644

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

Please return all correspondence concerning this matter to the following:

Roosevelt Simmons

(Name of Person)

Simmons Carpet Technicians, Inc.

(Name of Firm/Company)

1909 West Lavon Street

(Address)

Lakeland, FL 33805

(City/State and Zip Code)

For further information concerning this matter, please call:

Roosevelt Simmons

(Name of Person)

at ( 863 ) 688-2443

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

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

**Street Address:**

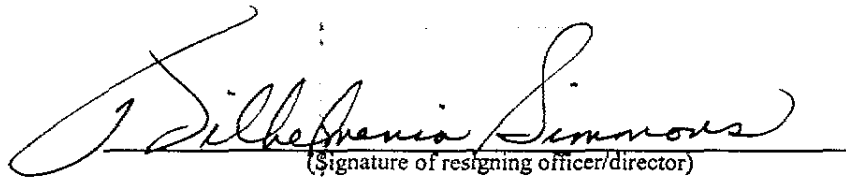
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Wilhelmenia Simmons, hereby resign as Director, Vice-President & Secretary/Treasurer  
(Title)

of Simmons Carpet Technicians, Inc.  
(Name of Corporation)

P03000130644, 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

FILED  
04 JAN -2 PM 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA