## P03000/34085

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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02/16/04--01062--013 \*\*35.00



Det Resign / 19/14

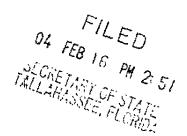
## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: B4B'S R49'S Inc (Name of Corporation)
DOCUMENT NUMBER: P03000134085
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Stergos b. Stergos ouner (Name of Person)
(Name of Person)
Bub's Rug's Inc (Name of Firm/Company)
6770 mauna Loa BLVd
Sarsota FL 34441 (City/State and Zip Code)
(City/State and Zip Code)  For further information concerning this matter, please call:
Stergos Stergos at (941) 379-9775 (Name of Person) (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, <u>B</u>	rian muki	ttrick	, hereby res	ign as <i>ViCe</i>	Pres. (Title)	dent	<del></del>	
of	B4B'S	Rugis I	oration)	<u>~</u>	. <u>, , , , , , , , , , , , , , , , , , ,</u>		<b>_,</b>	. <u>**</u>
	Sooc i 34 68 5 Document Number, if kn		poration organi	zed under the la	nws of the St	tate of		
FL	ordia		•	4.5	<b>.</b>	·		-

Brien McKittick
(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