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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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O4 DEC -6 PH 4: 42
SECRETARY OF STATE
TALL AHASSEE, FLOORE

110 Resign. 12/09/04 DC

TRANSMITTAL LETTER

SUBJECT: SAFE AT HOME IN SPECTIONS, IN (Name of Corporation)	۸ <u>پ</u>
DOCUMENT NUMBER: PO 3000 (35380	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for f	filing
Please return all correspondence concerning this matter to the following:	
ROBERT CARLL (Name of Person)	
(Name of Person)	
SAFEAT HOME INSPECTIONS INC.	
(Name of Firm/Company)	
1009 N. PAYTONA ALE (Address)	
(Address)	
TEAGLER BEACH FL 32136 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
ROBERT CARLL at (386, A51, 7635) (Name of Person) (Area Code & Daytime Telephone Number)	,
(Name of Person) (Area Code & Daytime Telephone Numb	er)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.	

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

Amendment Section Division of Corporations

TO:

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	KOBERT	CAN		ereby resign as_	PRESIG	COUT		ಬಗ್ಗಳ
	PACT	15	HAME	10/50/		(N C		
of	<u> </u>	(Nat	ne of Corporation)	110716	(1/0/0/3	1100		-
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			(Signature of resig	ning officel/direct	or)	AHAS	PETAR	+ 11.00
						SEC.	P P	5
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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 Taliahassee, Florida 32314