P03000135777

(Req	uestor's Name)				
(Add	lress)				
(Add	ress)				
(City.	/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL.			
(Bus	iness Entity Nan	ne)			
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to F	iling Officer:				

Office Use Only



300039942483

08/12/04--01020--024 **35.00

FILED
ON AUG 12 PM 1:48
STATE STATE

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: MCWilliams Painting Some troc. (Name of Sorporation)
DOCUMENT NUMBER: POBDOUSS777
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Blenn McWilliams (Name of Person)
McWilliams Burty Some Trc. (Name of Firm/Company)
20876 Su Maine Blod (Address)
Ounclen, 7 3443/ (City/State and Zip Code)
For further information concerning this matter, please call:
Glenn Mc (1) Illows at (352) 489-6979 (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,	Jim	Gorler	, hereby	y resign as	roasche 1	V itle)	
of	me w.	Mam	e of Corporation)	Serve,	Inc	L	,
	03 000 (Document Num	135777 aber, if known)	, a corporation or	ganized under ti	he laws of the	State of	
7	Flouda		<u></u> ·				
	-	(Nac	Signature of resigning	Laule officer/director)	Dr.	OL AUG 12 PM 1: 48	£

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