## P0300014-0348

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## **COVER LETTER**

SET IN STONE OF CENTRAL FLORIDA, INC (Name of Corporation) P03000140348 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOHN G WARE (Name of Person) SET IN STONE OF CENTRAL FLORIDA, INC (Name of Firm/Company) 4609 S. FERN CREEK AVENUE (Address) ORLANDO, FLORIDA 32806 (City/State and Zip Code) For further information concerning this matter, please call: JOHN G WARE (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address: **Mailing Address:** Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building Post Office Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

L CARLA D WARE	, hereby resign as PRESIDENT
.,	(Title)
$_{ m of}$ SET IN STONE OF CENTRAL F	
(Name of	Corporation)
P03000140348 (Document Number, if known)	a corporation organized under the laws of the State of
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Couled	erare 6-28-7
(Sign	nature of resigning officer/director)
	PSS 4
· FII	LING 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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. CARLA D WARE	, hereby resign as PRESIDENT
	(Title)
of SET IN STONE OF CENTRA	
(Nan	ne of Corporation)
P03000140348 (Document Number, if known)	, a corporation organized under the laws of the State of
Conla	Signature of resigning officer/director)  SECRETARY OF STA
	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