P03000143139

(Re	questor's Name)	1	
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP		MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificate	s of Status	
Special Instructions to Filing Officer:			
L			

Office Use Only





03/09/12--01017--008 **35.00

2012 HAR -9 PH 12: 22 2012 HAR -9 PH 12: 22

din 1

. ~~



COVER LETTER

TO: Amendment Section **Division of Corporations**

ALL PHASE CONSTRUCTION OF CENTRAL FLORIDA **SUBJECT:**

(Name of Corporation)

P03000143139 **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:

WANDA L. HARTMAN

(Name of Person)

ALL PHASE CONSTRUCTION OF CENTRAL FL

(Name of Firm/Company)

920 S. OLEANDER STREET

(Address)

LONGWOOD, FL. 32750

(City/State and Zip Code)

For further information concerning this matter, please call:

WANDA HARTMAN

(Name of Person)

) 375-5708 407 (Area Code & Daytime Telephone Number)

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

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Mailing Address: Amendment Section **Division of Corporations** Post Office Box 6327 Tallahassee, FL 32314

at (

CR2E044(08/05)

.

	R / DIRECTOR RESIGN	
•		2012 MAR -9 PM 12: 22 SEGRETARY OF STATE MULLAHASSES PLORIDE
WANDA L. HARTMAN	, hereby resign as_	SECRETARY, TREASURER
VI	ON OF CENTRAL FLORIDA	,
FLORIDA	, ,	
	(Signature of resigning officer/direct	tor)

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