

PO300045438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

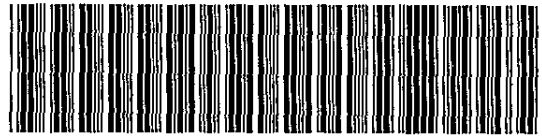
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CALEDONIAN TILE AND RENOVATIONS, INC.
(Name of Corporation)

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:

MICHAEL R MARTINEZ
(Name of Person)

~~THE~~ ~~DAKOTA~~ ~~AVENUE~~ CALEDONIAN TILE AND RENOVATIONS, INC.
(Name of Firm/Company)

714 DAKOTA AVENUE
(Address)

ST. CLOUD FLORIDA 34769
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL R MARTINEZ at (407) 729 6419
(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, STEWART S. ANDERSON, hereby resign as OFFICER
(Title)

of CALEDONIAN TILE AND RENOVATIONS, INC.
(Name of Corporation)

PO3000145438, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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04 NOV 24 AM 11:22
CLERK OF STATE
TALLAHASSEE, FLORIDA

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