P03000145566

| (Requestor's Name) |
|-----------------------------------------|
| (Address) |
| (Address) |
| , |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Dusiness Linky Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE
LORIDA

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COVER LETTER

| TO: Amendment Section Division of Corporations |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: T & C Carpet Installation, Inc. (Name of Corporation) |
| DOCUMENT NUMBER: PO3000145566 |
| DOGONIENT MONEGATION |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing |
| Please return all correspondence concerning this matter to the following: |
| Thomas Sturgis |
| (Name of Person) |
| T & C Carpet Installation, Inc. |
| (Name of Firm/Company) |
| 404 4th Lane SW |
| (Address) |
| Vero Beach, FL 32962 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Thomas Sturgis at (772) 643-3133 (Area Code & Daytime Telephone Number) |
| (Name of Person) (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 |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| Cheryl Sturgis | hereby resign as Officer/Director |
|-------------------------------|----------------------------------------------------------|
| ** | (Title) |
| of T & C Carpet Installation, | , Inc. |
| | (Name of Corporation) |
| PO3000145566 | , a corporation organized under the laws of the State of |
| (Document Number, if known) | |
| Florida | |
| Florida | <u> </u> |

(Signature of resigning officer/director)

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 SECRETARY OF STAIL