P03000153365

-	(Requestor's Name)						
_	(Address)						
(Address)							
•	(City/State/Zip/Phone #)						
	PICK-UP WAIT MAIL						
Ì	(Business Entity Name)						
7	(Document Number)						
(Eccument Number)							
Certified Copies Certificates of Status							
ſ	Special Instructions to Filing Officer:						
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CRETARY OF STATE

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Okeechobee Carpet & Vinyl Center, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P03000153365
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
William Thunder Ihle (Name of Person)
(Name of Leison)
Okeechobee Carpet & Vinyl Center Inc.
(Name of Firm/Company)
111 South Parrott Avenue
(Address)
Okeechobee, FL. 34974
(City/State and Zip Code)
For further information concerning this matter, please call:
Clara T Ihle at (863) 763-6483 (Name of Person) (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.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I.	William Thunder Ihle	, hereby resign as	Secretary	ŗ	
-, _			(Title)	
of_	Okeechobee Carpet & Vinyl C				_,
	(Document Number, if known), a corp	poration organized und	er the laws of th	ie State of	
	Florida				
	William	T Cllus	er)	O4 C SECR TALL!	
	(Dignature (or resigning orneer, directly	,	04 OCT 22 SECRETARY ALLAHASSE	7
				AM 8: EE FLOG	FILED
				8: 2 06.11	

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314