

P04000007247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

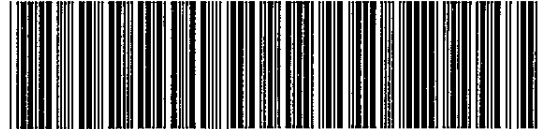
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300056724123

07/07/05--01023--005 \*\*35.00

**FILED**  
05 JUL -7 PM 1:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

off/di  
see

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ARMANDO'S PAINTING INC

(Name of Corporation)

**DOCUMENT NUMBER:** P04000007247

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARMANDO J. MEDRANO

(Name of Person)

ARMANDO'S PAINTING INC

(Name of Firm/Company)

2219 HARPER STREET

(Address)

TAMPA, FL 33605

(City/State and Zip Code)

For further information concerning this matter, please call:

ARMANDO J. MEDRANO

(Name of Person)

at ( 813 ) 242-8935

(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, ARMANDO J. MEDRANO, hereby resign as TREASURER

of ARMANDO'S PAINTING INC.  
(Name of Corporation)

P04000007247, a corporation organized under the laws of the  
(Document Number, if known)

FLORIDA

**FILED**  
05 JUL -7 PM 1:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Armando Medrano*  
(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