## P0400009895

| •                                       |  |  |
|---|--|--|
| (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



300031264113

03/30/04--01008--003 \*\*35.00



4-1 din

## TRANSMITTAL LETTER

| `. | TO: Amendment Section Division of Corporations   |  |  |
|----|--|--|--|
|    | SUBJECT: Arrowhead Painting Inc. (Name of Corporation)   |  |  |
|    | DOCUMENT NUMBER: <u>P04000009895</u>   |  |  |
|    | The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing   |  |  |
|    | Please return all correspondence concerning this matter to the following:  |  |  |
|    | Sheldon Evans (Name of Person)   |  |  |
|    | Arrowhead Painting Inc. (Name of Firm/Company)   |  |  |
|    | 7404 Capitano St<br>(Address)  |  |  |
|    | Riverview, Fl 33569 (City/State and Zip Code)  |  |  |
|    | For further information concerning this matter, please call:   |  |  |
|    | Glen Lisenby at (813) 927-6120 (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, Glen A. Lisenby                                | , hereby resign as Treasurer (Title)            |
|---|---|
| of Arrowhead Painting I                           | -NC - , , , , , , , , , , , , , , , , , ,       |
| PO400008895 , a corpo (Document Number, if known) | ration organized under the laws of the State of |
| Florida .   | TAFERAR T                                       |
|   | 29 Z  |
| 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