PO400033588

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
Фо	cument Number)	
Certified Copies	_ Certificates	of Status
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400036240264

05/17/04--01032--016 **35.00

resignation

FILED

O4 MAY 17 PH 3 41

SECRETARY OF STATE

TALLAHASSEE, FLORMA

BOP 5/24/04

TRANSMITTAL LETTER

SUBJECT: TILE TRANSFORMATIONS, INC. (Name of Corporation)
DOCUMENT NUMBER: POT 00033588
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
LISA NICHOLSON, REG. HOENT (Name of Person)
TILE TRANSFORMATIONS, INC. (Name of Firm/Company)
10150 NE 68-43 LANE (Address)
BRONSON, PC 32621 (City/State and Zip Code)
For further information concerning this matter, please call:
LISA NICHOLSON at 352 486-6957 (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

TO:

Amendment Section Division of Corporations

> Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

O4 MAY 17 PM 3 41

FRANK J. MENDITTO hereby resign as V. PRES	Title)
(Name of Corporation)	***************************************
(Document Number, if known) a corporation organized under the laws of the	he State of
FLORIDA	

(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

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