## 14/11/1/1/1/39/8

(Requestor's Name)
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## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Original Cladinity, (Name of Corporation)  DOCUMENT NUMBER: P0400043918
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Algory Cellstine. (Name of Person)
Ouginal playonry Inc. (Name of Firm/Company)
1006 Bougain Villea Rd E
Lehigh Acres, FL 3393-6406. (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (339) 878 - 3678 (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 409 E. Gaines Street Tallahassee, FL 32399

Amendment Section

TO:

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Maud, Jackson, hereby resign as VP. (Title)	
of Original Wasonry Inc. (Name of Corporation)	
PO400043918 a corporation organized under the laws of the State of (Document Number, if known)	
<u>Florida</u>	and the second second
(Signature of resigning officer/director)	
(Signature of resigning officer/director)  ALL LARE MAR 19	and the second s
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